

CITY OF BATH



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

**PRINCIPAL
SCHOOL MEDICAL OFFICER**

AND OF THE

**CHIEF
PUBLIC HEALTH INSPECTOR**
(R. V. Redston, D.P.A., M.R.S.H., F.A.P.H.I.)

FOR THE YEAR

1962

R. M. ROSS, M.B., Ch.B., D.P.H.

*Medical Officer of Health
and Principal School Medical Officer*

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CITY OF BATH

December, 1962

Mayor: Councillor Mrs. Gulielma Maw, M.A., J.P.

HEALTH COMMITTEE

Chairman: Councillor T. J. Cornish

The Mayor: Aldermen J. W. Andrews, T. Jones, W. H. Rossiter, Councillors—H. Bradley, H. T. Caden, S. D. Chappell, J. A. Cooper, Mrs. M. M. Grosvenor, A. C. Hanham, Mrs. A. E. M. Hanna, E. A. Hobbs, W. G. Huggett, Mrs. H. E. Miles, E. Paul, A. S. Polson, R. K. C. Stoughton, R. G. Stratton, S. A. Walters.

Co-opted Members:

Dr. J. R. Bolton Mr. R. Brain, Mrs. M. W. Horsell, Mrs. I. M. Jones, Mr. H. W. Nation, Dr. Lois Price, Mr. W. E. Sheppard, Mr. E. W. Smith, Mrs. J. Wesley Whimster, Mrs. M. B. White.

Sub-Committees:

HEALTH SERVICES:

The Mayor,

Alderman T. Jones. Councillors—H. Bradley H. T. Caden T. J. Cornish, Mrs. M. M. Grosvenor, Mrs. A. E. M. Hanna, E. A. Hobbs, E. Paul, R. K. C. Stoughton.

Dr. J. R. Bolton, Mr. R. Brain, Mrs. M. W. Horsell, Mrs. I. M. Jones, Dr. Lois Price, Mrs. M. B. White.

MENTAL HEALTH SERVICES:

The Mayor; Aldermen T. Jones, W. H. Rossiter, Councillors—T. J. Cornish, Mrs. M. M. Grosvenor, Mrs. A. E. M. Hanna, Mrs. H. E. Miles, S. A. Walters.

Dr. W. E. W. Bridger, Mrs. I. M. Jones, Mr. H. W. Nation, Mr. E. W. Smith, Mrs. J. Wesley Whimster, Mrs. M. B. White.

SANITARY AND GENERAL PURPOSES:

The Mayor; Aldermen J. W. Andrews, T. Jones.

Councillors—H. Bradley, S. D. Chappell, J. A. Cooper, T. J. Cornish, Mrs. M. M. Grosvenor, A. C. Hanham, W. G. Huggett, A. S. Polson, R. G. Stratton,

Mr. R. Brain, Mr. H. W. Nation, Mr. W. E. Sheppard.

HOUSING COMMITTEE

Chairman: Councillor S. A. Smith.

The Mayor; Aldermen S. J. Amblin, J. W. Andrews.

Councillors—H. Bradley, R. V. Brown, Major W. E. Evans, Mrs. F. M. Field, Mrs. M. M. Grosvenor, Mrs. A. E. M. Hanna, E. W. A. Mortimer, L. St. V. Powell, R. K. C. Stoughton, Lt.-Col. A. J. K. Todd.

Co-opted Members:

Mrs. H. I. Bowrey, Mrs. F. E. Coltart.

TO THE WORSHIPFUL THE MAYOR, THE ALDERMEN AND COUNCILLORS OF
THE CITY OF BATH

MR. MAYOR, LADIES AND GENTLEMEN,

There is fortunately little or nothing of a dramatic nature to report regarding the health of Bath inhabitants during 1962. Progress continued in the development of various services, and perhaps the main feature of the year was the preparation of the 10 Year Development Plan, which called for a broad outline of developments in the community services for a decade, with a more detailed forecast for the first 5 years, both in terms of staff and capital requirements. This, although involving a very considerable diversion of staff time, was a valuable exercise from many points of view. Immersed in routine duties and coping with day-to-day problems, it is salutary to be compelled to take a longer view of the health needs of the community and the objectives of the various services. Established practices and procedures have their own momentum, and after a successful start tend to continue although no longer attuned to the changing needs of the community.

The instruction of the Ministry that close consultation with hospitals, general practitioners, and voluntary bodies, was essential in evolving plans for health service developments re-inforced the close day-to-day informal contacts which are possible and practised in a community of Bath's size. It may well be that the most valuable single feature for the future will be the improved communications and intensified collaboration between local authority services and the numerous voluntary bodies which have so much to contribute in supplementing statutory services and pioneering techniques for dealing with new problems.

The smallpox scare early in the year, though not directly affecting Bath, produced such a popular reaction that infant vaccination was doubled; it is to be hoped that the new level of 80 per cent of children under two protected can be maintained, but previous experience is not encouraging. Less justified and welcome was the sudden clamour for vaccination or re-vaccination of adults who neither had been, nor were likely to be, at any risk of exposure to the disease. The necessity for giving priority in deliveries to those areas directly involved meant that temporary restrictions in supply of vaccine caused considerable difficulties for both general practitioners and local authority staffs.

1962 showed fresh pressure from the Ministry of Health to step up the level of protection against diphtheria, whooping cough, tetanus and, poliomyelitis, and guidance was given by the Ministry on immunisation programmes which could be expected to give the maximum protection at the times of greatest risk, with the minimum of injections and undesirable side effects, and of visits to family doctor or clinic. A live modified poliomyelitis vaccine for oral administration was available from February and offers a real prospect of finally eliminating this disease from the community. It is surely not too optimistic to link the use of oral vaccine with the lowest figures for poliomyelitis in this country for 50 years, and possibly also with the complete absence of the disease from Bath in 1962.

Mental Health continued to be perhaps the main point of growth in the whole range of health services. By the end of the year the Mental Health Centre at North Parade Buildings was complete and arrangements in hand to transfer there the re-organised mental health staff, and to set up an Occupational Therapy Department to supplement the many social activities which it was hoped to develop. In no other field is there a more pressing need for, or more valuable work to be done by, voluntary effort, and our expectations are high of an extensive and fruitful collaboration.

1962 was a year of much strain on the midwifery service. The number of domiciliary births increased by 74 and there were 324 early discharges of patients from maternity hospitals. An increase in midwifery staff to meet this burden, and to allow the staff to have their entitlement of off duty, was urgently needed, but the most intensive recruiting efforts resulted only in the part-time engagement of a retired midwife to help with the nursing of hospital discharges. Though this practice of early discharge may have originated from staff shortage or other difficulties in maternity wards, it is clear that it has now become popular in its own right with many mothers and must apparently be accepted as a permanent feature of midwifery practice. Until it is possible for domiciliary midwives to follow their patients into hospital, deliver, and continue their supervision at home, the policy of early discharge will cause dissatisfaction among local authority midwives who would, of course, prefer to have full and continuing responsibility for their patients. The present rapid turnover of cases in maternity wards also exerts undesirable pressure on hospital midwives, and scarcely permits the full development of that happy relationship between midwife and maternity patient which is so desirable and so much at present in popular demand. The continued rise in the birth rate, which must be expected for some years, should emphasise the need to make a midwife's practice, both in and out of hospital, as attractive and rewarding as possible.

In the domiciliary services, 1962 produced a marked expansion of nearly 20 per cent in the work done by the Home Help Service. Even more heartening was the Health Committee's recommendation, as a fundamental part of the development plan, that this rate of increase be continued for a number of years until the service is able to play its full part in supplementing not only the Council's own health and welfare services, but general practitioner and other social services as well, thereby maintaining the elderly for as long as possible in their own homes.

Among the more publicised features of the year was the publishing of the Royal College of Physicians' report which authoritatively confirmed the major importance of smoking, especially of heavy cigarette smoking, in the production of chest diseases, particularly lung cancer and bronchitis, and the significant role it undoubtedly plays in coronary and other disorders.

Towards the end of the year the Ministry of Health publicly committed itself to support of the Fluoridation of water supplies, at one part per million, and welcomed the submission of schemes to that end by local health authorities. Although no doubt this was influenced by the valuable

report of the Ministry on the results of the first five years of artificial fluoridation in certain areas in this country, the measure rests, both in terms of efficiency and safety, on the experience of the half million people in this country, and the many millions elsewhere, who have lived for millennia in areas where the water has always contained a similar or even higher content of fluoride.

In conclusion I must express my thanks to members of the Council, and in particular of the Health Committee and its Sub-Committees, for their unfailing consideration and encouragment; for the devoted, efficient and cheerful performance of their duties on the part of all the Health Department staff; to Chief Officers and staff of all other departments of the Council for their unfailing courtesy, consideration, and help; and to general practitioners, hospital staffs, voluntary bodies, and the press, on all of whose collaboration the Health Department relies so heavily for its effective functioning.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

R. M. ROSS

*Medical Officer of Health and
Principal School Medical Officer.*

August, 1963.

SUMMARY OF STATISTICS

City and County Borough of Bath

Health Resort and Chief Town of Somerset

Area of the Borough, 6,277 Statute acres.

Situation—Latitude 51° 23'N., Longitude 2° 21'W.

Elevation—Varies from 50 feet above sea level on the lower banks of the Bath

Avon to about 550 feet on the South and 700 feet on the North.

Mean elevation—269 feet above sea level.

Geological Formation—Oolitic Clays, Limestones and Sands; Lias and Gravel.

Water—Constant service of moderately hard spring water. Corporation Reservoirs have a total capacity of 61,780,000 gallons; use is frequently made of supplementary supplies from Bristol Waterworks Company's Chew Valley source. Average daily consumption, 1962, 39.2 gallons per head; 1957—61,40.0 gallons.

Sewage disposal almost exclusively by water carriage. Treated at Saltford.

House refuse removed by the Sanitary Authority.

Population—80,856 (1961 Census). 82,170 (estimate mid-1962).

Number of inhabited houses, Census 1951, 21,460 (*i.e.* structurally separate dwellings occupied by private families). Estimate for 1962, 25,170.

Years ...	1962	1961	Mean of 1956-60	Mean of 1951-55
Population	82,170	81,550	80,548	79,520
Rateable Value, 1st April 1963 £	2,999,304	1,244,062	1,146,798	692,970
Rates—Total per £, 1st April 1963	10/6	24/-	19/2	22/1
One penny General Rate produced £	12,090	5,130	4,706	2,761
Total net indebtedness 31st March, 1963 £	12,028,085	11,252,872	8,894,854	5,778,091
Ditto per head of Population £	146-7-7	137-19-9	110-4-10	72-15-6
MARRIAGES—Number Registered ...	543	635	592	601
Rate per 1,000 population, Bath	13.2	15.6	14.7	15.1
Ditto England and Wales ...	14.9	15.1	15.3	15.9
Births—Number ... Bath	1,347	1,273	1,167	1,096
Rate per 1,000 population „	16.4	15.6	14.4	13.8
Ditto England and Wales...	18.0	17.4	16.4	15.3
Illegitimate births per 1,000 infants born ... Bath	65	64	50	49
DEATHS—Number—Civilian Bath residents	1,123	1,143	1,029	1,033
Net rate per 1,000 population, Bath	13.7	14.0	12.8	13.0
Standardised rate for age and sex Bath	11.0	10.5	10.2	10.5
England and Wales, Crude Death-rate	11.9	12.0	11.5	11.6
INFANT MORTALITY—Bath	23.0	21.2	20.4	22.2
England and Wales	21.4	21.6	22.7	27.0
Illegitimate Infants Bath	11.5	61.7	30.6	19.1
PRINCIPAL CAUSES OF DEATH—				
Pulmonary Tuberculosis ...	5	4	8	12
“Other” Tuberculosis ...	—	2	—	1
Influenza	11	20	6	12
Pneumonia	80	100	67	56
Bronchitis	45	65	36	40
Cancer	186	181	188	176

SUMMARY OF STATISTICS—Continued

Years ...	1962	1961	Mean of 1956-60	Mean of 1951-55
Cerebral Haemorrhage, etc., Heart Disease and other Circu- latory diseases	60.5	58.6	53.5	54.3
Nephritis	4	9	6	16
Violence	45	31	46	44
INFECTIOUS DISEASE—Cases notified				
Diphtheria	—	—	—	1
Scarlet Fever	41	34	51	66
Dysentery	23	11	127	54
Erysipelas	5	6	7	9
Ophthalmia Neonatorum	5	1	—	1
Polionmyelitis and Polio- encephalitis	—	1	5	16
Puerperal Pyrexia	14	10	24	7
Measles	13	2,039	448	851
Pulmonary Tuberculosis	14	32	37	58
"Other" Tuberculosis	5	6	4	8
<i>See also pages 29 and 37.</i>				

The Ministry of Health requires the following more detailed analysis of infant loss.

	Bath 1962	1961	England and Wales 1962
Live Births:			
Number	1,347	1,273	—
Rate per 1,000 population	16.4	15.6	18.0
Illegitimate Live Births (per cent of total live births)	6.5	6.4	6.6
Stillbirths:			
Number	27	32	—
Rate per 1,000 total live and still births...	19.7	24.5	18.1
Total Live and Stillbirths	1,374	1,305	—
Infant Deaths (deaths under one year) ...	31	27	—
Infant Mortality Rates			
Total infant deaths per 1,000 total live births	23.0	21.2	21.6
Legitimate infant deaths per 1,000 legiti- mate live births	23.8	18.5	—
Illegitimate infant deaths per 1,000 illegi- timate live births	11.5	61.7	—
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) ...	15.6	18.0	15.1
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) ...	14.9	17.3	—
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) ...	34.2	41.4	30.8
Maternal Mortality (including abortion)			
Number of deaths	—	1	—
Rate per 1,000 live and still births ...	0.0	0.77	0.70

SECTION A

VITAL STATISTICS:

There were only minor changes to report in Bath's vital statistics during 1962. The birth rate continued to rise parallel to, but still lagging somewhat behind, the national average, and the causes of death were those to be expected in a population with a high proportion of aged. In middle and later life coronary heart disease continued to advance, showing an increase of over 20 per cent on the previous year. The parallel increase, in recent years, of deaths from lung cancer was arrested; whether this was due to the wide statistical variations to be expected in small populations, or a reflection of the national tendency for the number of deaths, in males at least, to become stabilised, remains to be seen. As the effects of heavy cigarette smoking take 30-40 years to become apparent, it is obvious that no marked and sustained reduction can be expected in the near future, unless a significant proportion of those already heavily addicted are prepared to abandon the habit, thereby not only considerably improving their own chances, but showing a salutary example to adolescents who are themselves not yet so deeply committed to the habit.

So increasingly important are these risks of middle aged males becoming that the failure of the expectation of life, at one year of age, to improve, in men at least, in the last ten years, is largely due to the loss of such men, when their contributions, both to their families and to the community, should be at their maximum.

The still-birth rate, which has, in the recent past, fairly consistently and considerably exceeded the national average, showed a welcome approach to that level; this unfortunately was offset by the infant mortality rate exceeding the national average for the first time for many years. The combined loss from still-births and deaths in the first week of life, (referred to as the perinatal rate, and affording the best index of maternal health and care), was, however, marginally the lowest yet at 34.2 per 1,000 births. Of the 31 deaths under 12 months of age, 22 occurred in the first month of life; 20 in the first week, and 15 in the first day. Congenital abnormalities were present in 8; prematurity was given as the sole cause of 3, and was associated with other conditions in a further 4. Among the possibly more preventable losses were 7 deaths from infection, nearly all respiratory, the majority occurring in the winter months. It is still insufficiently appreciated that virus infections causing only 'colds' or 'sore throats' in adults or older children can have serious consequences in the very young, who should be protected as far as possible from such risks. The other great threat to the newborn, gastroenteritis, has been largely controlled, and as intensive a campaign should now be directed at reducing the losses from respiratory disease.

PREMATURITY:

There were 54 premature babies born in hospital, of whom 49 survived for 28 days. Of children born at home, 9 were premature and all survived for 28 days.

The risks of prematurity are clear from the fact that the average mortality of all babies was little more than one-sixth of this rate. This makes it the more frustrating that, though many associated conditions have been identified, definite information on the causes of prematurity, and therefore the possibility of its prevention, still evades us.

ILLEGITIMATE BIRTHS:

There were 87 illegitimate births compared with 81, 72, and 70 in the three previous years.

One consolation at least was the very low infant mortality experienced in this group, which is at a considerably increased social risk, and which was actually less than a half of that for all births. Comparison with recent years shows a large variation (from 0-71 per 1,000 live births) in the illegitimate infant death rate. Last year's experience thus provides no cause for complacency about the welfare of such cases, but may be thought to reflect in some part at least not only the efficiency of the maternity services, but the devoted care of Miss Green, Social Worker, Bath & Keynsham Moral Welfare Association.

SECTION B

PERSONAL HEALTH SERVICES—NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

Expectant Mothers—Ante-Natal Care:

77.6 per cent of Bath mothers, confined in 1962, were delivered in hospital. An ante-natal clinic is in operation at St. Martin's Hospital staffed by the Hospital Management Committee. At the Royal United and Forbes Fraser Hospitals, a large proportion of the cases are booked by General Practitioners for confinement in hospital, and others have been referred by General Practitioners to the Obstetricians for obstetric or medical reasons. The ante-natal care of cases booked by these hospitals is carried out either by the Obstetricians or by General Practitioners, but a considerable proportion attend the Local Authority Clinic at the request of Practitioners. All the services at the Local Authority Clinic are available to General Practitioners and their patients.

The Local Authority Clinic held at 45, Rivers Street, each Wednesday is attended by an Assistant Medical Officer, the Superintendent Midwife, and whenever possible, by the Midwife who has booked the case.

A Physiotherapist holds Relaxation Classes in connection with this clinic, and the collection of blood for examination and X-ray examination of the Lungs of expectant mothers are arranged with the appropriate Hospital Departments.

Post Natal examinations of midwives' booked cases are carried out at the same sessions.

Attendances were as follows. Figures in brackets are those for 1961.

Ante Natal Clinic:

Number of sessions	51	(51)
New Patients	59	(97)
Total Attendances	380	(237)

Relaxation Clinic:

Number of sessions	213	(225)
Total attendances	1966	(2,029)

Post Natal Clinic:

New patients	33	(15)
Total attendances	35	(15)

Unmarried Mothers:

The above facilities are of course equally available to unmarried mothers. Difficult home circumstances or other factors compel a proportion of these to make other arrangements. Their general care and placement is admirably undertaken by Miss Green, Social Worker of the Bath & Keynsham Diocesan Moral Welfare Association. When special arrangements are called for, and the necessary finance is not available, the Health Committee makes a grant towards the cost of residential accommodation. It was agreed that rising costs justified an increase of the grant to £24; in addition the Health Committee made a grant of £100 towards the Association's administrative expenses. During 1962 three such individual grants were provided.

MIDWIFERY

There were 1,347 births in 1962, seventy-four more than in the previous year. This represented a Birth Rate of 16.4 per 1,000 population; in England and Wales the rate was 18.0 Domiciliary deliveries also increased by 74. The burden on the district midwives was further increased by the early discharge of 324 patients (compared with 59 in 1961) from maternity wards during periods of shortage of midwifery staff; these two factors caused severe pressure on the staff of only four midwives. Intensive efforts at recruitment produced only one part-time retired midwife who was able to undertake some of the additional nursing cases. Since the birth rate increase is likely to continue, and the practice of early discharge is becoming popular with mothers, apart from any consideration of shortage of hospital midwifery staff, the Health Committee was driven to increase the establishment of midwives to six, which is not yet implemented at the time of writing. A reasonable strength will allow the midwives for the first time to have their full entitlement of off duty, and possibly the introduction of a rota system which will reduce the strain of their highly responsible work.

Miss Norman, Superintendent Nursing Officer and Non-Medical Supervisor of Midwives, reports:

"In addition, the midwives visited 126 expectant mothers who had applied to St. Martin's Hospital for maternity beds on social grounds—23 of whom were booked for home confinement.

During the year 6 Pupil Midwives completed their 3 month district training for the C.M.B. Part II examination. All were successful in this examination, and I would like to thank the general practitioners for the help that they give in training these pupil midwives."

Two sets of "gas and air" and four sets of "Trilene" apparatus are available, and all our midwives are qualified in their use. The apparatus is demonstrated to the mothers attending the Local Authority's Ante-Natal clinics, and was used on 247 occasions in confinements attended by the Council's midwives. Pethidine was administered on 130 occasions. Our Midwives are also equipped with apparatus for the administration of oxygen for the resuscitation of newly born infants.

During 1962, sixty Midwives notified their intention to practise in the City, of whom fifty-two were on the staff of the Hospital Management Committee, one in private practice, and seven employed by the Local

Authority. Seventeen midwives attended forty or more cases each, and twelve less than ten each. The number of births (including still-births) attended by all midwives was 1,927 as compared with 1,903 in 1961.

There were twelve claims for medical aid, as defined by the Central Midwives Board Rules.

The following table gives the place of confinement of the registered live births in Bath.

	<i>Royal United and Forbes Fraser</i>	<i>St. Martin's Hospital</i>	<i>Private Houses</i>
Bath mothers	525	474	289
Non-residents	194	404	2
	719	878	291

PERCENTAGE—			
Bath mothers	40.8%	36.8%	22.4%
	(42.3%)	(40.3%)	(17.5%)

(Figures for 1961 are shown in brackets)

HEALTH VISITING

Several staff changes were experienced in the course of the year; Mrs. Fardon and Misses Ford and Macquillan left, the latter retiring after many years of devoted service. We were fortunate in securing four recruits to bring the establishment somewhat nearer the standard essential to providing a satisfactory service, and the Committee initiated the policy of sending a trainee each year to the Bristol Training Course, thereby getting a return from their obligatory contributions to the national training fund.

Miss S. Jones, Senior Health Visitor, reports that progress was made during the year in developing a Risk Register of those children whose family, ante-natal, or subsequent history, suggested undue liability to congenital and other disorders. It has been found that the vast majority of later problems arise in the 15–20 per cent of children who can thus be identified, and on whom selective regular visiting can be concentrated.

Further Health Visitors were trained in the technique for screening infants for hearing defects. The somewhat tedious procedure of testing the urine of all available infants for the presence of phenylketonuria, which is later associated with mental defect, continued; if detected early enough prevention of the latter is possible through appropriate diet.

Parentcraft Groups, all too few owing to shortage of health visitors and medical staff, continued to flourish, as did the Walcot Mothers' Club.

Many desirable extensions of Health Education can be envisaged and can be implemented in parallel with the Health Committee's encouraging policy of expanding the health visiting staff.

The Ministry of Health has called for special comments on the following matters of topical interest.

Follow-up of patients discharged from hospital—Relations with local hospital staffs continue to be close; admissions and discharges of children from hospitals are notified to the Health Department, particularly when needing special follow-up arrangements. This liaison is facilitated by

weekly visits paid by the health visiting staff to the Children's Wards at St. Martin's, Royal United, and Manor Hospitals. One specialised health visitor attends four weekly chest clinics and is available for home visiting and after care of a wide range of chest cases, and for supporting both patients and families in the many social problems they encounter.

Relations with general practitioners—Ideally there is no doubt that complete incorporation of the health visitor into the domiciliary team, under the clinical leadership of the family doctor, is desirable, and could no doubt be achieved in country districts and on large housing estates. In a City like Bath where there are 46 general practitioners, nearly all practising throughout the entire City and some well beyond its boundaries, and only nine general duty health visitors, this appears at present impracticable. Much of the health visitor's value lies in her intimate knowledge of a small section of the City, and this advantage would largely be dissipated by a deployment which could involve nearly all our health visitors visiting in the same street, and more than one with responsibilities to single families, according to the attachment of the family members to different practices. The invaluable continuity of supervision, where the health visitor is also the school nurse to primary and junior schools in her area, would be lost, since it is inconceivable that teaching staffs could co-operate so closely with, or even tolerate the visits of, all the health visitors in pursuit of the school children from their separate practices. Apart from these more serious objections it would appear that an unacceptably large proportion of the health visitors' time would be spent in travelling and liaison with other health visitors and school nurses in seeking second-hand information.

It has been possible for one health visitor to attend weekly at a large practice. In order to achieve closer relationships all local general practitioners were offered facilities to meet health visitors at a convenient time in order to discuss cases of common interest. It was perhaps significant that none of the four dozen general practitioners involved responded to this invitation. Most family doctors now realise the assistance a health visitor can afford, and frequently notify, and discuss cases with, the appropriate health visitor.

Thanks are due to the British Red Cross Society for their help in transporting mothers to visit their children in hospitals in and near Bath; a service which is capable of much expansion if other voluntary bodies were able to offer this type of help. The W.V.S. must also be thanked for much help, especially from their clothing store, which often meets a need which cannot be met from statutory funds or other sources. As always the Council of Social Service has played a valuable part in co-ordinating voluntary effort and in bringing statutory and voluntary workers into regular contact, fruitful discussion, and mutual support.

The following table shows the nature of the work done by Health Visitors during the preceding five years.

Visits made by Health Visitor/School Nurses

Year	To Children in their own homes		School Children*		Expectant Mothers	Other Visits
			At School	Follow-up in homes		
	Under 1	1-5				
1956	7,778	7,131	1,602	2,253	330	1,816
1957	8,904	7,485	1,477	1,181	465	1,031
1958	8,640	8,040	1,525	1,291	403	1,062
1959	8,393	7,657	1,443	1,414	485	1,147
1960	7,435	6,968	1,476	917	383	1,349
1961	7,891	5,621	1,324	663	246	1,061
1962	7,028	6,164	1,142	628	124	828

(* Figures include work of whole-time School Nurses)

Child Welfare Centres

For days and times see page 38. Figures for 1962 are as follows:

ATTENDANCES

Clinic	Sessions	Seen by Doctor	Average	Not seen by Doctor	Average
Blue Coat House ...	99	1,545	15.9	1,845	18.6
Walcot	50	1,962	39.2	714	14.3
Oldfield Park... ..	48	746	17.6	854	18.0
Southdown	49	852	17.6	432	8.4
Odd Down	49	677	13.7	546	11.0
Weston	49	748	15.3	911	18.5
Twerton	49	618	12.6	290	6.0
Total ...	393	7,148	18.2	5,592	14.2

(In 1961 there were 6,212 consultations and 5,447 other attendances giving an average of 15.8 and 13.9 respectively.)

The following table shows the attendance according to age groups.

Age			1959	1960	1961	1962
0-1 years	...	...	676	796	709	820
1-2 years	...	...	542	581	662	627
2-5 years	...	...	361	378	386	720

It is encouraging to note that at long last there has been quite a marked rise in attendances of children in the 2-5 year age group, as there is no doubt that regular checks during this stage, by family doctor or welfare clinic, would greatly reduce the considerable proportion showing defects, not all minor, regularly found at routine medical inspection on school entry. Such early ascertainment allows correction of minor deviations from normal at a stage when they respond rapidly to appropriate measures. Equally important is the fact that sensible advice and management by parents of emotional disturbances and behaviour disorders, so commonly met with at this age, could play a major part in preventing later and more serious disorders which are apt to recur in a minority of adolescents, and at later periods of stress.

These Welfare clinics not only serve as screening, advice, and health education centres, but as indispensable bases in the unending campaign to maintain satisfactory immunisation and vaccination levels. They also perform a valuable social function for many young mothers, isolated by the claims of young children, recent arrival in Bath, or transfer to out-lying housing estates. Further developments in parentcraft teaching, Mothers' Clubs, etc., are hindered only by present staff shortages, which, it is hoped, will gradually disappear as Bath's attractions from the recruitment point of view are supplemented by the regular annual secondment of a trainee Health Visitor to the Bristol Training School.

Mothers and children attending Infant Welfare clinics, as well as the staff, were again greatly indebted to the help of the voluntary workers who do so much to make these centres a social success as well as a much appreciated advisory service.

As a matter of interest, the following table shows the 'take-up' of welfare foods over the last seven years.

DISTRIBUTION OF WELFARE FOODS, 1956-62

	1956	1957	1958	1959	1960	1961	1962
National Dried Milk (Tins)	26,964	20,338	15,427	13,505	10,693	8,878	7,714
Cod Liver Oil (Bottles)	9,795	8,412	5,693	5,535	5,207	3,691	1,745
Orange Juice (Bottles)	79,809	80,426	51,512	48,536	46,847	30,717	17,253
Vitamins (Packets)	4,846	4,416	4,683	4,640	5,032	3,797	1,874

It will be seen that in the three major items there has been a marked and steady decline in up take over the last five years; in the case of National Dried Milk the decline is of even longer standing.

Dental Care:

The number of expectant mothers, and children under five years of age seen at the Local Authority's Dental Clinics showed little change. So far as expectant mothers are concerned, it is found that the majority prefer to be examined and treated by their own dentist. Every effort is made both at the Ante-natal and Child Welfare Clinics to impress the need for dental care, and similar dental education is carried out by the Health Visitors and Midwives in the homes.

Expectant mothers and young children are referred to the School Dental Service by Midwives, the Ante-natal Clinic and by Health Visitors. Two dentists work in well-equipped surgeries. One-eleventh of the time of one dentist is given to the Health Authority.

The Dental Clinic has its own X-ray apparatus, and dentures are made by arrangement with a private technician.

The prevention of dental decay is more important than the treatment of damaged teeth. It may be desirable to consider the question of fluoridation of the water supply when it becomes possible, but in the meantime parents can do much to prevent damage to the teeth of their children by controlling their consumption of the sticky confections and acid drinks which are so popular to-day, and by encouraging the consumption of fruit instead.

The following is a summary of the work carried out during 1962—

(a) Numbers provided with dental care:

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Treatment completed</i>
Expectant and Nursing mothers	11	11	4	3
Children under five	13	12	12	12

(b) Forms of dental treatment provided:

	<i>Scalings and Gum Treatments</i>	<i>Fillings</i>	<i>Silver Nitrate Treatment</i>	<i>Crowns or Inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures provided</i>		<i>Radiographs</i>
							<i>Full Upper or Lower</i>	<i>Partial Upper or Lower</i>	
Expectant and Nursing mothers	2	1	—	—	5	1	1	1	—
Children under five	—	5	—	—	11	8	—	—	—

Orthopaedic Treatment:

By arrangements with the Bath Hospital Management Committee regular sessions are held by the Orthopaedic Surgeon in the Health Department, with weekly sessions by the After-Care Sister for physiotherapy recommended by the Surgeon. Patients are referred for Hot Pool

treatments to the City Bathing Establishment. During the year, 170 children under school age, including 80 new cases, made 494 attendances to the Surgeon's and After-care Sister's Clinics. Thirty-eight children made 170 attendances at Massage Clinics.

EYE CLINIC:

Six children under school age made 15 attendances at the Eye Clinic held at the Bath Eye Infirmary. Four new cases were referred for defective vision and squint.

EAR, NOSE AND THROAT CLINIC:

One child under five years of age was referred to this clinic which is held at St. Martin's Hospital.

Further Health Visitors, in the course of the year, were trained in ascertaining hearing defects in infants and young children. In addition, the services of a newly appointed Teacher of the Deaf became available both in an advisory capacity for diagnostic purposes, and for the guidance and support of their parents. Where necessary, suspected cases were referred to the Medical Officers, one of whom has received the special course of instruction in the world famous centre at Manchester University. More severe or long standing cases are referred to the Audiology Clinic at the Royal United Hospital where a skilled team is deployed under the E.N.T. Consultant.

Tonsil and adenoid operations were performed on eight pre-school children during the course of the year.

FAMILY PLANNING ASSOCIATION:

The Bath Branch of the Family Planning Association continue to hold a weekly clinic at the Health Department, and Mrs. B. L. Flint, the Hon. Secretary, reports that 44 sessions were held at which 1,345 patients were seen. This number included one patient referred by the Local Authority on health grounds, and also 22 referred by members of the Health Department medical and nursing staff.

Cervical smear tests were carried out on 95 patients over 35 years of age to detect a pathological change which, in a minority of cases, turns malignant years later. One positive result was obtained and a successful operation performed.

DAY NURSERY:

The accommodation at the Riverside Day Nursery (55 places) was used to capacity during the year. The daily average attendance was 45 and there were 61 children on the register at the end of the year.

Priority is given to children (a) in homes where the mother is compelled to work because she is unmarried, or because of the death of the father, or separation of the parents; (b) where home conditions are unhealthy or unsuitable; or (c) where the mother is in essential employment. Every application is considered by a Medical Officer, who visits the Nursery weekly and periodically examines all the children attending.

The Nursery is approved for student training, and at the end of the year, 8 students were being trained for the National Nursery Nurse's Examination. These students spend a proportion of their time in theoretical training at the Bath Technical College, and have practical training at the Nursery.

RESIDENTIAL NURSERIES:

Residential Nursery provision is made by the Children's Committee in one of that Committee's homes. The Church of England Children's Society also have residential homes at Savile House, Bath, and at Sunnyside, Box.

The Local Authority Medical Officers carry out the necessary medical examinations on admission and on discharge, and periodically while the child is in the Children's Committee Home. General medical advice is always available on these regular visits by an Assistant Medical Officer. Any child requiring treatment at any time comes under the care of the general practitioner attached to that home.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948:

One private day nursery was registered providing accommodation for 20 children, and seven Child Minders were registered to care for 52 children.

It is encouraging to note that an increasing number of suitably qualified people are willing to undertake this very urgently needed service. A very considerable extension will be required to meet the needs of mothers who require part-time supervision of their children, or who realise the marked benefit, to only children in particular, of company and early social training.

CHILD NEGLECT AND BREAK-UP OF FAMILIES:

The special Co-ordinating Committee, comprising Officers from various Government and Local Authority Departments as well as Voluntary bodies, continued to meet monthly during the year under the Chairmanship of the Children's Officer. This Committee is concerned mainly with the so-called "problem families" in the City. This regular interchange of views continues to be helpful to all concerned, and ensures that available resources are as efficiently and economically deployed as possible. Some overlap is inevitable, as in the case of many families more than one agency has a statutory obligation to visit, and in any case an overlap is always preferable to a gap where the health and happiness of children are at stake.

After some interruption of the service after the resignation of the original worker, the Bath Council of Social Service scheme, aimed at evaluating the need for, and worth of, a special service to deal with families in difficulties, was resumed, and continued to be of much value to the health visiting and other staff, with whom the worker maintained close collaboration.

HOME NURSING

In addition to the Superintendent and her Deputy, 11 full-time and 4 part-time Nurses were employed at the end of the year. The service lost, towards the end of the year, its very popular Senior District Nurse/Midwife Mrs. Flint, and Miss Norman, the Superintendent Nursing Officer, embarked on a long period of single handed running of both the nursing and midwifery services, with no relief available; this meant the abandonment of annual leave and off duty for many months and an enormous strain for any person, even one as efficient and popular as Miss Norman.

I am indebted to Miss Norman for the following report:

"The Nurses have had a busy year, although this is not shown in the statistics. Over two-thirds of all visits were to patients over the age of

65 years, and these visits are becoming increasingly time consuming as many patients require general nursing care, in addition to other treatments. It is gratifying to note that visits to tuberculous patients have dropped from 1,267 to 207 in the past 5 years. The Easi-carri hoist has been in constant use and is proving a great help with heavy patients. Even so one nurse has had to resign because of a slipped disc, resuming duty as a Health Visitor, and a second nurse also unfortunately developed this disability later in the year. It is becoming increasingly difficult to obtain the services of a private nurse so the district nurse has further time consuming calls made on her services.

The Home Nurses attend Post-Graduate courses regularly, and during the year attended Study Days at the Royal United Hospital, St. Martin's Hospital, and Roundway Hospital. We continue to show student nurses from the Royal United and St. Martin's Hospitals something of the work done by district nurses.

Since 1st June the Ambulance Station has been taking telephone calls after 7 p.m. for the Home Nursing Service. With the co-operation of the General Practitioners this has been most successful.

Voluntary Organisations—Liaison with the voluntary organisations is ever increasing as further schemes to help the community are introduced. During the year we suggested patients for the newly formed library service for the housebound run by the British Red Cross Society. Some of our patients are able to attend the Quebec Day Centre for the housebound, also run by the British Red Cross Society. It gives them great pleasure and helps in their rehabilitation.

Some of our patients benefited from convalescent holidays provided by the Bath Standing Conference of Women's Organisations, and the Soroptimist Club of Bath.

In December a detachment of the British Red Cross Society were interested in helping the district nurses, and three members have accompanied the nurses on their rounds. This voluntary help would be a great help to the nurse, and it is hoped that it will be extended."

DOMESTIC HELP

The most lavish provision of General Practitioners, home nursing, domiciliary midwifery, and other services, is ineffective if the household to be helped is not capable, through illness, absence, confinement, or nursing pre-occupations of the mother, of functioning efficiently on the level of routine domestic duties. Provision of adequate domestic help is thus an indispensable pre-requisite to the efficient and economic performance of the other, expensive, domiciliary services of the Local Authority.

Recruitment of this service improved during the course of the year and the number of Home Helps, the majority working part-time, increased from 41 to 48, and the actual number of hours worked by 19 per cent. The preponderance of part-time helps raises hitherto insoluble problems in that such women usually have their own family responsibilities and therefore cannot give attendance over weekends, Bank, and other, holiday periods. This factor often prevents or greatly delays the discharge of patients from hospital, and precipitates the admission of many more. The only conceivable method of meeting this difficulty would be a dedicated voluntary service which would supply the essentials of meals and fire lighting over such periods, the other domestic needs having been adequately met by professional staff during the week.

A charge for the services of the Home Help is made in accordance with a scale approved by the City Council. The majority of the people assisted are in receipt of pensions or National Assistance; to the latter the service is often provided without charge.

The following table summarises the type of case helped in the course of the year's work.

(a) Tuberculosis	5
(b) Confinement	19
(c) Acute cases	96
(d) Chronic illness; aged and infirm ...	302

VACCINATION AND IMMUNISATION

Protection is offered against Smallpox, Diphtheria, Whooping Cough, Poliomyelitis and Tetanus, either through the family doctor or at Infant Welfare Centres and schools. Every effort is made by the health visitors in the homes, at school, and at the Child Welfare clinic, to impress on parents the need to protect their children. Vaccination against tuberculosis was also available to 13 year old children whose parents wished for this protection, if a preliminary skin test showed no evidence of previous contact with the disease.

In July a stimulating lead was given by the Ministry of Health, both in Ministerial speeches and in Circular 17/62, in initiating a further drive by local health authorities to raise the level of protection amongst their child populations. The campaign was based on a suggested programme of combined immunisations recommended by the Ministry in the previous year, timed to provide the maximum protection against individual diseases, at times when risks were greatest, with the least chance of undesirable reactions and complications, and with the minimum of visits to family doctor or clinic. That Bath's response was not unsatisfactory is shown by the following table showing Bath's position in relation to the average for all County Boroughs at the end of the year.

Percentages Vaccinated—

	<i>Smallpox</i>	<i>Poliomyelitis</i>	<i>Whooping Cough</i>	<i>Diphtheria</i>	
	<i>Children under 2</i>	<i>Persons under 20</i>	<i>Children born in 1961</i>	<i>Children born in 1961</i>	<i>Children Aged 0-14</i>
Average of all County Boroughs in England and Wales ...	70	83	66	67	54
Bath	79	83	67	69	45
*	15th	29th	25th	26th	55th

* Bath's position in relation to the other 79 English County Boroughs. It will be noted that with one exception of re-inforcing doses for older children, Bath's effort was reasonably successful.

In the early weeks of the year the public reaction to the importation of smallpox led to a sharp increase in the demand for vaccination by both general practitioners and local authority clinics. In so far as this resulted

in the rate of infants protected being doubled from 40 per cent to 79 per cent it was to be welcomed, provided that something approaching this level of acceptance can be sustained. The demand for vaccination or re-vaccination by many adults who neither had been, nor were likely to be, in the remotest contact with cases, led to considerable difficulty, as deliveries of vaccine naturally had to be concentrated on those areas of the country directly at risk.

The other outstanding feature of the year was the introduction in February of oral poliomyelitis vaccine. The avoidance of injections, though very welcome, was less important than the fact that widespread use of this vaccine throughout the child population gives promise of eliminating the disease, since it not only protects the individual, but discourages the carriage and passage of the virus by protected individuals. It may not be an entire coincidence that the national figures for 1962 were the lowest for half a century, and that Bath itself reported no case.

Diphtheria Immunisation:

The number of children immunised for the first time was 1,072 (1,225 in 1961). The number who received re-inforcing injections was 783 as compared with 978 for the previous year. In view of the unsatisfactory immunisation state of older children, special attention will be given to re-inforcing doses at 5 to 10 years of age, and the co-operation of the family doctors has been sought in this matter.

Whooping Cough Vaccination:

Combined whooping cough and diphtheria, or combined whooping cough, diphtheria and tetanus, antigens, are used as a routine in the majority of cases immunised at the authority's Child Welfare clinics; most of the general practitioners taking part in the Council's scheme adopt a similar procedure. During 1962, 978 children under 15 years of age were immunised against whooping cough, either with pertussis vaccine singly or in combination with other prophylactics; (1,098 in 1961). It is estimated that 67 per cent of our children born in 1961 have been so protected.

Tetanus Immunisation:

1,248 children under 15 years received this protection either singly or in combination with other vaccines, compared with 1,267 last year.

Poliomyelitis Vaccination;

Vaccination against poliomyelitis continued throughout the year. 1,133 children born between the years 1943 and 1962 were vaccinated, as well as 194 young persons born between 1933 and 1942, and 474 persons in other priority groups. Third booster doses were given to 3,007 persons and fourth doses to 2,431 children between 5 and 12 years. The use of oral (Sabin) poliomyelitis vaccine commenced in the spring of the year, and rapidly increased in popularity. 956 persons were given a complete course of oral vaccine, which was also used as a booster dose in 3,007 other children. Since vaccination against poliomyelitis commenced, a total of 28,140 persons have been vaccinated in the City.

Smallpox Vaccination:

The number of persons vaccinated against smallpox for the first time during 1962 was 6,708, compared with 754 in 1961. 786 of the primary vaccinations were given to infants under one year of age. There were also 5,532 re-vaccinations (196 in 1961).

B.C.G. Vaccination:

B.C.G. vaccination was available to all children at 13 years of age, as well as through the Chest Clinic to contacts of known cases. A preliminary skin test to detect if there had been previous exposure to infection was applied, with parental consent, to 554 of the 13 year old age group, and 343 went on to receive the vaccination.

AMBULANCE SERVICE

Mr. Hall, Chief Officer of the Fire Brigade and Ambulance Service, reports as follows:—

“The ambulance fleet consists as in the previous year, of eight ambulances and three sitting case cars.

The segregation of the Fire and Ambulance Service personnel below Officer level, referred to in my last report, has proceeded according to plan. It is not yet complete and there is still a call upon members of the Fire Brigade to do Ambulance duty. Resulting from the segregation, the Fire Appliances have been adequately manned and it has been possible to concentrate more attention on ambulance training for ambulance personnel.

The long association of fire and ambulance personnel continues to ensure the maximum co-operation between the two services at incidents involving the attendance of both. The specially equipped vehicle of the Fire Service for attending road accidents where casualties may be trapped, is much appreciated by the personnel of the ambulance service, and firemen and ambulancemen have worked side by side at many incidents. The changing pattern of British Railways with the curtailment of some services, but more particularly the change in rolling stock and the withdrawal of direct access coaches suitable for admitting stretchers, is having its effect upon the ambulance services generally and an increasing number of long distance road journeys is inevitable. The increasing tendency of hospitals to specialise is also having its effect and most days of the week Bath ambulances take patients to Bristol. Growing traffic congestion is also having a marked effect, delays caused by traffic congestion cannot be met by prolonging the hours of work, as it is necessary for the service to adhere to hospital appointment times.

As in past years, I wish to record my sincere appreciation of the work of the voluntary services. The attendance by members of the British Red Cross and St. John Ambulance Service at public functions, sports meetings and entertainment, relieves the Local Authority of many calls which it could not otherwise meet without expansion. Hospital Car Service drivers and voluntary escorts on train journeys, continued to give most valuable service.

I should also like to record my appreciation of my own Staff, who have worked loyally throughout the year and gave their best service during the transitional period.”

TABLE OF AMBULANCE JOURNEYS, MILEAGE, ETC.

1962 COMPARED WITH PREVIOUS YEARS

		(1) <i>Total Journeys</i>	(2) <i>Patients Carried</i>	(3) <i>Accidents (included in 1)</i>	(4) <i>Total Mileage</i>
City Ambulances and Cars	1950	14,882	15,697	1,021	127,775
	1955	23,644	27,765	1,287	133,741
	1960	20,791	29,194	1,472	127,368
	1961	19,569	26,569	1,493	125,269
	1962	19,825	26,189	1,439	135,278
Hospital Car Service	1950	4,139	4,523	—	45,144
	1955	562	948	—	13,136
	1960	586	1,915	—	17,703
	1961	1,038	4,050	—	24,554
	1962	753	2,891	—	17,198

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Under this Section (28) of the N.H.S. Act, so usefully wide and vague in its possible interpretations, are to be found a miscellany of auxiliary services, designed to support other L.H.A. activities and to link those with the General Practitioner and Hospital services. Until recently tuberculous patients were the main beneficiaries under this section, but since it was made accessible, by the Mental Health Act, 1959, to all mentally disordered patients, there is bound to be a progressive shift of emphasis in that direction.

PREVENTION of disease and disability depends very largely on effective health education. This involves not only the dissemination of information to the public, or special groups at risk, but persuasion to change attitudes and habits, and to ensure effective use of the wide range of services available. Control of many of the traditional plagues of the past, such as cholera, typhoid, etc., was largely an impersonal matter of sanitary engineering, in which the active co-operation of the public played a relatively small part. Control of contemporary epidemics, such as coronary thrombosis, lung cancer, and many forms of mental ill-health, depends mainly on personal adjustments which call for much more painful individual effort than the sanitary victories of the past.

HEALTH EDUCATION is not to be regarded as a specialised activity of the Public Health Department. It is, or should be, practised daily by a much wider range of people, who stand in an influential relationship with the public; the medical, nursing, and teaching professions for instance, and many others. For the public health staff itself, health education is not a separate activity, but an integral part of all individual contacts in the course of their normal duties, as well as a matter of propaganda to organised groups and voluntary bodies. Put over in the practical context of a family's immediate problem, it is likely to be much more effective than theoretical teaching to assemblies, largely, of the enlightened and converted. At the other extreme, modern commercial methods of advertising and public relations have conditioned the public to expect a high standard of technical presentation, and one feels that much more extensive

use could and should be made, at the national level, of television and other mass media, to justify the claim that we enjoy the benefits of a National Health, rather than Disease, Service.

A further impetus to the campaign against heavy cigarette smoking was given in the Royal College of Physicians' report which assembled unassailable evidence of the importance of heavy smoking in the causation of not only cancer of the lung, but chronic bronchitis and other respiratory diseases, and of the significant part it plays in the incidence of coronary disease and in establishing chronicity of peptic ulcers. Special efforts were made to influence school children and frequenters of youth clubs, and full use was made of propaganda material including posters, leaflets, film strips, and other agents, to supplement talks by medical and nursing staffs. Members of the general public can help greatly in this field, as the important motive for so much adolescent smoking lies in the fact that it is regarded as a badge of adult status, rather than a dirty, expensive, and dangerous habit. Such adult example need not be entirely disinterested either, as certain investigations have shown that abandonment of the habit means a substantial reduction of risk; according to one authority this may amount, after 10 years abstinence, to a reduction of half to two-thirds in the likelihood of developing cancer of the lung.

CARE and AFTER CARE activities are many and varied. The tendency to early discharge of patients, and to nursing more serious cases entirely at home, calls for an expansion not only of public health personnel, but of the arrangements for loan of nursing equipment, in which the Department has the valuable support of a similar service run by the British Red Cross Society. Heavy nursing demands much more elaborate equipment than was normally lent in the past, and the provision of expensive items such as bed hoists will require a more generous financial allocation. The management of patients entirely in their own homes will also mean that family doctors will look more frequently than in the past to the Local Health Authority for the provision of recuperative holidays, since the hospitals' convalescent arrangements will not be available to such patients. A charge is of course made for this service proportionate to the means of the patient and his family. The traditional supply of extra nourishment in the form of free milk continued, though an increased proportion can nowadays go to cases other than the diminishing number of tuberculous patients.

The following provision was made in the course of the year:—

Nursing requisites	...	...	179
Cases receiving free milk	...	...	53
Recuperative holidays...	...	...	4

THE CHIROPODY SERVICE—shortage of chiropodists prevented the local authority developing its own service, and reliance continued to be placed on the valuable service provided by the Bath Council of Social Service and subsidised by the Health Committee.

The Secretary of the Bath Council of Social Service reports as follows:

"During 1962 the Chiropody Service ran into difficulties owing to a shortage of chiropodists and difficulties over fees. Thanks to the help of the Health Committee we were able to pay an increased fee to the chiropodists, which enabled us to employ five on the ordinary scheme and two

on the domiciliary. We were therefore able, during the autumn, to clear the waiting list and to expand to some extent.

We are now dealing with a total of 225 mobile patients plus 18 mobile blind; and 107 domiciliaries who are visited by two chiropodists. The domiciliary patients come to us by recommendation of the Health or Welfare Departments, the District Nurses or their own doctors, and we have found from both the chiropodists and medical reports what a great difference this treatment makes to their general health.

The whole scheme is now working smoothly and the 1963 allowance from the Health Committee should ensure the continuance of this. We do, from time to time hear from patients how much they appreciate the service and this does seem a very happy example of co-operation between a voluntary and statutory body for the benefit of the public."

SECTION C

MENTAL HEALTH SERVICE

I am grateful to Mr. A. Austin, Superintendent of Mental Health Services, for the following report:—

General:

During the year both Miss M. Phillips, Psychiatric Social Worker, and Mr. T. Keeling, one of the Mental Welfare Officers, left the Service. By the end of the year (1.12.62) the new post of Superintendent of Mental Health Services became operative, and at the same time Miss A. Tollerton transferred from the general office of the Health Department to the Mental Health Service as Senior Clerk. Miss Tollerton has responsibilities both to this Service and to the Child Guidance Service; while the Superintendent is appointed jointly by the City Council and the Mendip Hospital Management Committee, and is required to discharge certain Social Worker functions on behalf of the Hospital Management Committee.

The departure of Miss Phillips has inevitably resulted in a reduction in the number of cases receiving social worker help for it has not so far been possible to replace her contribution to the work of the out-patient clinics. The Mental Welfare Officers, of whom there are now three, have continued to provide a social work service for those patients referred direct to them, as well as carrying their individual case loads of subnormal persons, and arranging admissions to psychiatric hospitals.

Although some figures will be set out below, it is a fact that statistics in relation to hospital admissions and community care have limited significance at the present time; they are particularly inadequate in conveying the amount of work involved in providing a service to individuals in need of help. Moreover, when the help given to clients on any one contact can vary enormously both in content and social worker time, information about the total number of visits paid by the social workers can convey very little more than an impression of "busyness". They certainly do not reveal the quality and vigour of the service given. Ultimately, perhaps, it is only from the reputation that a service enjoys that there emerges a true measure of the effort of its members.

As this service develops we shall be looking to certain factors to indicate success. Among these will be an increase in the number of cases referred—particularly cases not previously referred elsewhere for psychiatric help; an increase in the number of referring agencies; and a decrease in the proportion of cases requiring to be admitted to hospital.

MENTAL ILLNESS

Social Work Service:

Throughout the year the Mental Welfare Officers visited discharged patients and their families where this service was considered necessary. There were also many instances where the intervention of these Officers had so assisted the patient and his or her relatives that it became unnecessary to contemplate hospital admission. When providing this service the Officers frequently enlisted the help of other social agencies, both statutory and voluntary, and they would wish me to acknowledge the helpful co-operation they have received.

At the end of the year 55 persons, 15 men and 40 women, were receiving community care from the Mental Welfare Officers.

Hospital Admissions:

The Mental Welfare Officers arranged 193 admissions in respect of mentally ill persons during the year. The nature of these admissions was as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Informal	57	69	126
Observation (Sec. 29—Emergency) ...	24	26	50
Observation (Sec. 25)	7	9	16
Treatment (Sec. 26)	—	1	1
Total ...	88	105	193

Of these patients, 54 (23 males and 31 females), or almost 28 per cent, were 70 years of age or over. The continuing high proportion of aged admitted to psychiatric hospital emphasises the need for special provision for the elderly mentally infirm, and this will be referred to below.

Social Club:

This Club, started in October, 1961, and organised by the Bath Council of Social Service, has continued to function, and has proved to be of great value to some patients, particularly to those who find difficulty in forming satisfactory relationships elsewhere. At the end of the year the average attendance per session was 14.

Clubs such as this with an intake of patients possessing wide variation in motivation and potential present special problems to those who undertake their organisation. The efforts of Mrs. Hombersley and her group of helpers, and the interest of the Bath Council of Social Service, are greatly appreciated. As the Mental Health Service develops, their efforts will be supplemented by the work undertaken at the North Parade Centre.

North Parade Centre;

At the end of the year the conversion of the premises at 3-5 North Parade Buildings was nearing completion. The Centre began to operate on a limited scale early in 1963 when the Mental Welfare Officers, Child Guidance P.S.W., and clerks moved in, and as this report appears the Occupational Therapy Department will be opening under the direction of Miss S. Jenkins, the recently appointed Senior Occupational Therapist. It is eventually planned to run a fairly comprehensive service at this Centre. Unfortunately the Child Guidance Service which shares the accommodation (but is otherwise a separate organisation) is handicapped because most of their part of the building will continue to be occupied by another Department until April, 1964.

As a temporary measure the Mental Health Service has made rooms available for the Psychiatric Social Worker and the clerk of the School Psychological Service, though as our Service develops these rooms will be required for other purposes.

It is anticipated that this Centre will break new ground in the field of Community Care by integrating the Occupational Therapy aspect of the Service with the organisation of a therapeutic club, the membership of which will be made up of patients, their relatives, selected voluntary helpers and members of the staff. We hope to encourage the grouping of club members according to their interests and skills and to use purposive group activity, rather than meetings in a social atmosphere as the means of stimulating and encouraging the desire to extend the range of activities, and to impart a sense of achievement. As a number of groups will be functioning simultaneously, opportunity for informal social contact between members of different groups will arise naturally when they meet for refreshment in the canteen. We anticipate that demands for social events will emerge spontaneously as the club develops.

Some Psychiatric Clubs have difficulty in gaining momentum because they are organised to cope with their patients in one group; the effect of this is to impose social relationships upon people who would otherwise be more selective. This in itself leads to some patients preferring not to attend. We hope that our arrangements, offering a varied choice to patients in respect of their basic grouping, will largely overcome this problem. Many of our ideas are not original and I am happy to acknowledge the influence that a visit to the Stepping Stones Club at Bromley, Kent, had in the formation of our plans.

The Centre was originally planned to include at least one Consultant Psychiatric session a week on the adult side (already there are two sessions in the Child Guidance Service), but although an approach has been made to the Regional Hospital Board for a psychiatrist to be appointed for this purpose, we are still without one. The service will not break down through this deficiency, but the provision of psychiatric consultation would have enhanced the project. We hope that this matter will be given further consideration and treated with the sense of urgency that the Minister has attempted to impart to the development of Community Care Services.

We also hope that the Centre will become a meeting place and point of focus for all who are involved or interested in Mental Health (in the

Bath District) and that it will eventually discharge an educative and unifying function in the field of Mental Health.

Hostel for the Elderly Mentally Infirm:

Throughout the year the search continued for premises for this purpose, but it was only recently that a suitable property was discovered and acquired. The house, known as Springfield, on Entry Hill, is to be converted into a hostel for about 25 elderly persons. As observed above, the high proportion of elderly patients admitted to psychiatric hospital underlines the need for this type of accommodation. Some of these elderly people are basically in need of kindly protection and care and do not really require to be admitted to a psychiatric hospital, but at the present time the psychiatric hospital is often the only place where adequate care is offered. Were it not for the helpful attitude adopted by the staff of Mendip Hospital, the plight of many of these aged people, and their relatives, would be unenviable.

The demand for places in this hostel is expected to exceed our capacity to accommodate everyone, and it is therefore likely that the Committee will be asked to consider supplementing this service by making provision in the estimates to pay for some aged mentally infirm persons to be cared for in approved private homes. At least one neighbouring authority is already dealing with the problem in this way.

MENTAL SUBNORMALITY

Millbrook Training Centre:

The anticipated and overdue improvements in these premises have not materialised. Difficulties beyond the control of the Committee have arisen in connection with the purchase and development of the building, and if these difficulties prove to be insurmountable it will be necessary to accelerate the plans for a purpose built centre. The limitations of the existing building have been acknowledged for some time, and against the more recent developments on a national scale, the deficiencies of these premises are revealed even more clearly. Notwithstanding the restrictions imposed by the nature and siting of the building, the staff have with great skill maintained a high standard of training and care, and have kept abreast of current trends in training techniques. There is no doubt that given improved conditions, they could fully utilise them.

There were 49 pupils on the register at the end of the year, 5 of whom were Somerset cases residing just beyond the City Boundary. 8 new pupils were introduced during the course of the year. One child was transferred to Penn Hill Special School to test her ability to respond to teaching at E.S.N. level.

Of the total number on the register, 29 (22 males and 7 females) were over 16 years of age. Many of this group were ready to move on to activities more suitable for adults, but the development of facilities was retarded by the failure to adapt the premises. The Committee did, however, agree to employ a male craft instructor who was subsequently appointed and has commenced work with a group of 10 adult males.

Although an increase in the number of staff at the Centre had been agreed at the end of the year, the ratio of 4 to 49 pupils remains below the level generally acknowledged as satisfactory. In a recent publication by the National Association for Mental Health (Mental Subnormality Series 2) it is stated "Generally the ratio 1 : 10 has been found to work satisfactorily. This must, however, not include the Supervisor of the Centre, except in very small ones, since she requires much time for administrative work besides having to organise and synthesize activities in many groups".

The parents of pupils, through the Bath Society for Mentally Handicapped Children, have continued to take an active and helpful interest in our activities. We welcome their support and acknowledge the important part that a well organised voluntary organisation can play in our work.

Social Work Service:

The Mental Welfare Officers besides visiting the families of Training Centre pupils, have continued to maintain contact with many other subnormal persons in the community. The total caseload (of subnormals) at the end of the year was 171, of whom 66 were in employment and managing to be self-supporting.

Hospital Admissions:

16 patients were admitted to hospital during the year, 7 subnormal and 9 severely subnormal. All but one were admitted informally, the exception was admitted on a Hospital Order under Sec. 60 of the Mental Health Act. Some of these admissions were short term; for investigation, or to allow parents a brief, but beneficial, respite.

Club for the Mentally Handicapped:

At the moment there is no club in Bath to cater specially for the needs of the mentally subnormal person. The need for a club of this nature is recognised and, with the active support of the Bath Society for Mentally Handicapped Children, it is hoped that it will be possible to establish one during 1963.

SECTION D INFECTIOUS DISEASE

Not so long ago, control of infectious disease constituted the main interest of the public health department, and was a prominent feature of Annual Reports. Improved standards of living, reflected in better health, nutrition, education, and housing; successful immunisation campaigns against some of the more serious infections of childhood; and more potent drugs to facilitate treatment, have all much reduced the incidence and severity of infectious disease, effecting great economies in the provision of hospital beds. In some diseases there has also been a significant reduction in the virulence of the infecting organisms; such changes take place over long periods of time; their causes are almost completely unknown; and they often exaggerate the effects of measures of prevention and treatment, thus tending to induce premature complacency. Unremitting, though unpublicised, effort is still required to maintain control, and there are still plenty of unsolved problems in this field, particularly those relating to the rapidly expanding category of virus diseases.

The table on page 35 giving an analysis of notifications for 1962 shows that there was no exceptional incidence of disease, and the few cases of hospital admission indicated below equally testified to the mildness of the vast majority of cases.

Scarlet Fever	...	...	...	...	2
Dysentery	...	...	...	...	1
Food Poisoning	...	...	...	...	5
Measles	...	...	...	...	1

For the ninth successive year there was no case of diphtheria, nor was there a case of poliomyelitis notified. There were probably many more cases of Sonne Dysentery in young children than the 23 notified; in the great majority of cases the disease is so mild, merely a transient diarrhoea, that medical aid is not sought.

Food poisoning cases, with a total of 19, were not unduly frequent in view of the ubiquity of food poisoning germs and the ample opportunities for their transfer to food as a result of human failings in the practice of hygienic methods of handling. Incomplete notification probably also plays a part here, but it is legitimate to assume that a considerable measure of the credit goes to improvements in facilities and practices called for in the 1955 Food Hygiene Regulations, and implemented by the persistent efforts of the public health staff.

In addition to those infections which have legally to be notified, the first half of the year showed a protracted outbreak of infective jaundice, particularly in the Weston area, where both children and adults were affected. Control of this disease is difficult in view of the fact that the majority of cases do not go on to jaundice but are just as infectious as those which do, and also because of the prolonged period between infection and the development of symptoms, which prolongs outbreaks in schools. Fortunately the majority of cases were mild, even no doubt to the point of being unrecognised, but there was one death in an elderly patient.

TUBERCULOSIS:

1962 showed a remarkable reduction in the number of cases of pulmonary tuberculosis, 14 as compared with 32 the previous year; there were in addition 5 non-pulmonary cases. Though in part no doubt due to the statistical fluctuations which are so much wider in small populations, this drastic reduction emphasizes the steady improvement in incidence as well as mortality in recent years, which has benefitted both sexes and all ages, except males over the age of 45. The latter group also constitute by far the most important source of undiagnosed infectious cases which are largely responsible for the persistence of infection in the community. It is the responsibility of all in contact with this age group to press for regular chest X-ray, which would also yield dividends in the early detection of other and equally serious forms of lung disease.

A Health Visitor, who made 967 domiciliary visits in the course of the year, is employed full-time on chest work attending Chest Clinics, following up contacts, supervising home treatment, dealing with the many social and financial problems of patients and their families, and arranging diversionary occupation for those unable to work. She also helps to co-ordinate the many valuable activities, recognised by a grant from the Bath City

Council, of the voluntary After Care Committee, which has recently associated itself with the Chest and Heart Association. These include the provision of a caravan at Weston-super-Mare, in which 10 families enjoyed a holiday in 1962, and a weekly Social Club.

By arrangement with the Regional Hospital Board, a chest Physician gives one session per week to guiding and advising the L.H.A. staff, and carrying out B.C.G. vaccination of contacts. 101 were vaccinated.

New patient referred to Chest Clinic for examination...	984
Found tuberculous	19
Contacts examined	53
Found tuberculous	2
There were 5 deaths from tuberculosis in 1962.	

The Mass X-ray Unit made several visits to Bath. Employees of various factories, the residents of a hostel, pupils at senior schools, and students at the Training Colleges, were examined, in addition to public sessions. In all 2,437 films were taken; 3 quiescent cases of tuberculosis were discovered; and 16 cases with non-tuberculous conditions were referred for further investigation. Contacts of notified cases are of course investigated at the Chest Clinic. Children amongst these, whose negative skin test rules out previous infection, receive B.C.G. vaccination; there were 86 such cases vaccinated in 1962. In addition, groups at special risk, and all entrants into Bath Corporation's Superannuation Scheme, including teachers, have a chest X-ray, and those in contact with children are recommended to have this repeated annually.

Hospital accommodation is available without delay at Winsley Chest Hospital; cases requiring operative treatment are admitted to Frenchay Hospital, Bristol. Most patients spend a relatively short time in hospital and continue treatment at home; they are supervised at the Chest Clinic, with the provision of district nursing, if necessary, as was the case in 6 who received 207 visits in 1962. Domestic help can also be made available, and 53 cases received free milk.

VENEREAL DISEASE:

Arrangements for investigation and treatment continued unchanged; details of clinics are appended on page 38.

The following table shows the number of Bath patients attending clinics in the course of the year. For this and the other statistical information I am indebted to Dr. Cree, Regional Hospital Board Consultant, who is responsible for this service. The table indicates the number of attendances of Bath residents at the local clinics in recent years.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
1960 ...	8	26	47
1961 ...	8	46	118
1962 ...	4	41	97

Under 'Other Conditions', if the same proportions apply to Bath as to the Clinical Area as a whole, there were approximately 55 who needed advice or reassurance only, and approximately 18 suffering from non-gonococcal urethritis, which is not officially classified as venereal disease but is transferred in a similar fashion.

In terms of age, the 142 attenders fell into the following groups:

			<i>Under 15</i>	<i>15-20</i>	<i>20-25</i>	<i>25 and over</i>
Male	...	...	4	6	26	66
Female	...	...	2	6	13	19

It should be noted of course that only 45 of the 142 were found to be suffering from officially defined venereal disease. The figures supplied do not show how many of the 18 attenders under 20 years were confirmed cases. It is however, presumably, the fact of exposure that is important in this connection.

PREVENTION.—The problem is essentially a social one with implications far wider than the purely medical. Relevant information is made available in senior schools and in youth clubs by members of the staff, by local authority medical officers and nurses, and by external lecturers. It was evident that a uniform policy of instruction is impracticable since the individual approach of head teachers to this aspect of health education is so very varied. Although naturally all are agreed that the primary responsibility rests on parents, many of the latter are unable or unwilling to fulfil it, and others responsible for the instruction and well being of the young have an important part to play. Various forms of propaganda material, posters, leaflets, etc., were distributed, including two factual pamphlets recently produced by the Central Council for Health Education. The impression is strong that ignorance of the risks involved, and of facilities for treatment, are not likely any longer to be a major factor in this age group, and control of this social evil involves altered attitudes and behaviour on the part of a much wider section of the population than the adolescent group alone.

LABORATORY WORK:

The work of the Health Department is greatly assisted by the facilities offered by the Area Laboratory at St. Martin's Hospital, and the Public Health Laboratory at the Manor Hospital. The former is used mainly in connection with blood examinations from expectant mothers referred from the Ante-Natal Clinics, while the Public Health Laboratory deals with the numerous specimens submitted not only by the Health Department, but by the general practitioners in connection with infectious disease, food poisoning, dysentery, etc. The assistance rendered to the Department by the Directors and Staff of both Laboratories is much appreciated.

For details of analyses of food and drugs, milk, ice cream and water carried out by the City Analyst and the Public Health Laboratory, see pages 71 and 78.

MISCELLANEOUS

Re-housing:

Adequate housing and relief of overcrowding still remain of leading importance in securing the conditions of healthy family life, and mitigating the consequences of illness and disability. It is therefore with the greatest appreciation that the Public Health Department wishes to acknowledge the consideration, sympathy, and help given to cases put forward. Many hundreds of such recommendations have been submitted by family doctors and hospitals, and investigation and assessment involve a very heavy load

of work for both Public Health Inspectors and the Deputy Medical Officer of Health. Re-housing was accelerated for 34 families by such support, and medical recommendation was probably decisive in 8 cases.

National Assistance Act:

Although several cases of aged and infirm persons living in unsanitary circumstances were reported to the Health Department, it was fortunately necessary to exercise the powers for emergency removal under the National Assistance Amendment Act, 1951, in one case only.

Nursing Homes:

Each home was visited by the Superintendent Nursing Officer and the Medical Officer of Health in the course of the year. There is at present no private maternity or mental nursing home in Bath.

Superannuation Examinations:

Since such examinations involve a complete medical examination, comparable to that for ordinary insurance purposes, this little known responsibility of the Health Department demands a significant part of the medical staff's time, and examination of new appointments to the staff frequently involve urgent calls on the medical officers which are extremely difficult to reconcile with their other obligations in clinics and schools.

The number of examinations of Council employees carried out by medical staff, for superannuation and other purposes, during 1962, was 227. In addition 13 examinations were carried out for other authorities, and 66 candidates for Training College were examined. An X-ray examination of the chest is now obligatory for candidates for admission to the Council's Superannuation Scheme.

METEOROLOGICAL OBSERVATIONS

Daily meteorological readings are taken at the Council's enclosure at Henrietta Park. The following are notes of interest in respect of the readings taken during the year. A summary of observations is given on page 34.

Increasing difficulty was found in the course of the year in finding a relief for the member of staff who for years has undertaken these arrangements, and it was clear that unless effective steps could be taken to relieve him of an intolerable burden, the Department could no longer maintain this information service, which, however interesting, is of no value in carrying out its other responsibilities.

Rainfall:

The rainfall for 1962 amounted to 27.85 ins. This was 1.40 ins. more than the previous year, and 3.08 ins. less than the 95 years average for Bath, which is 30.93 ins. Measurable rainfall was recorded on 169 days, and the greatest fall in twenty-four hours was on 6th August with 2.87 ins. This was the wettest day in Bath since December, 1900.

The wettest month was January 5.21 ins., and the driest was June with 0.25 ins.

Sunshine:

There were 1539.9 hours of sunshine, compared with 1,578.0 hours for the previous year. It compared favourably with the 60 year average for Bath of 1,529.4 hours. June was the sunniest month with 296.0 hours.

Temperatures:

The mean temperature for the year was 48.5 degrees compared with the 60 year average of 49.8 degrees. The hottest day was on 25th July with a temperature of 79.0 degrees. The lowest minimum temperature recorded was 11.5 degrees on 1st January.

Again the weather provided the records with several interesting facts. June provided the coldest June night for over 60 years on 1st June (33.0 degrees) and the 26th was the coldest July day for 38 years (58.3 degrees max.).

SUMMARY OF METEOROLOGICAL OBSERVATIONS

TAKEN AT 9 A.M. G.M.T. AT HENRIETTA PARK

1962		Jan.	Feb.	Mar	Aprl	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.	Year
TEMPERATURE	Mean ...	43.9	40.8	37.8	47.3	50.9	57.5	60.5	59.1	55.4	51.1	42.3	36.4	48.5
	„ 60 Yrs. ...	40.4	40.3	43.3	47.5	53.2	58.2	61.5	62.1	56.7	50.9	44.4	41.5	49.8
	Highest ...	54.7	53.8	58.3	69.5	64.1	75.7	79.0	74.0	72.1	67.0	56.0	53.8	79.0
	Date ...	24	18	29	26	8	8	25	1	2	5	2	8	July 25
	Lowest ...	11.5	25.9	18.2	33.6	31.1	33.0	42.7	41.9	32.6	29.1	26.5	18.2	11.5
TEMPERATURE	Date ...	1	15	6	30	1	1	7	9	22	27	20	26	Jan. 1
	Humidity ...	89	82	76	72	73	64	70	74	79	89	89	90	78
RAINFALL	Total In Inches	5.21	.51	1.47	1.83	2.29	.25	1.27	5.08	4.28	.93	2.66	2.07	27.85
	No. Wet Days	22	8	10	15	20	7	12	16	17	9	20	13	169
	Mean of 95 Yrs.	2.85	2.25	2.11	2.03	2.13	2.10	2.58	2.91	2.61	3.19	3.01	3.16	30.93
	No. Wet Days	15	13	13	13	12	11	13	14	13	15	15	16	163
	Sunshine Hrs.	49.3	73.7	136.8	168.6	178.6	296.0	158.5	160.2	130.9	94.5	34.3	58.5	1539.9
RAINFALL	Mean 60 Yrs.	49.1	72.0	118.9	160.3	196.7	206.2	196.1	181.9	144.3	101.4	59.5	43.0	1529.4

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1962.

Cases Notified	TOTAL		Under 1		1-2		2-3		3-4		4-5		5-9		10-14		15-24		25-44		45-64		65 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Scarlet Fever ...	26	15	—	—	1	—	—	—	2	2	4	—	11	10	2	1	6	1	—	1	—	—	—	—
Pneumonia ..	6	13	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1	3	2	8
Erysipelas...	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	1
Puerperal Pyrexia	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	8	—	—	—	—
Dysentery...	11	12	1	—	1	1	1	—	—	2	1	—	6	3	—	—	—	3	—	2	2	—	—	—
Food Poisoning ...	14	5	1	—	1	1	3	—	1	—	2	—	1	—	—	—	—	2	3	1	2	—	1	1
Measles ...	9	4	1	1	1	—	—	—	1	—	1	—	1	—	2	1	2	2	—	—	—	—	—	—
Whooping Cough...	3	7	1	1	—	1	2	—	—	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum ...	3	2	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	5	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	3	2	3	—	1
Other Tuberculosis	2	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	2

NOTE:—A Summary of statistics relating to Number of Notifications, Number of Deaths, and Incidence of Infectious Diseases, will be found on page 8; an Analysis of Deaths according to age periods on pages 36 and 37; and a further note in connection with the Notification of Tuberculosis on page 30.

CITY OF BATH

Causes of, and Ages at, Death during 1962

(Compiled by the Registrar-General)

<i>Causes</i>	<i>Persons</i>	<i>M</i>	<i>F</i>	<i>-1</i> <i>M F</i>	<i>1-4</i> <i>M F</i>	<i>5-14</i> <i>M F</i>	<i>15-24</i> <i>M F</i>	<i>25-44</i> <i>M F</i>	<i>45-64</i> <i>M F</i>	<i>65-74</i> <i>M F</i>	<i>75-</i> <i>M F</i>
1. Tuberculosis, Respiratory ...	5	2	3	—	—	—	—	—	1 2	1	1
2. Tuberculosis, Other ...	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease ...	3	3	—	—	—	—	—	—	2	1	—
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ...	2	1	1	—	—	—	—	—	1 1	—	—
10. Cancer of Stomach ...	25	14	11	—	—	—	—	1	3 2	6	4 9
11. Cancer of Lung, Bronchus ...	34	28	6	—	—	—	—	1	14 1	11	5 2
12. Cancer of Breast ...	20	—	20	—	—	—	—	—	9	3	8
13. Cancer of Uterus ...	4	—	4	—	—	—	—	—	3	1	—
14. Cancer, other Sites ...	103	52	51	—	1	—	—	2 4	16 13	14	20 19
15. Leukaemia, Aleukaemia ...	8	3	5	1	—	—	—	1	1 2	1	1 1
16. Diabetes ...	6	1	5	—	—	—	—	—	1	1	4
17. Vascular Lesions Nervous System ...	169	58	111	—	—	—	—	1 1	6 6	17	34 82
18. Coronary Disease, etc. ...	228	145	83	—	—	—	—	3 1	50 10	50 25	42 47
19. Heart Disease with Hypertension ...	19	7	12	—	—	—	—	—	2 3	1	5 4
20. Other Heart Disease ...	128	40	88	—	—	—	1	1	5 2	8 9	27 75
21. Other Circulatory Diseases ...	61	24	37	—	—	—	—	1	5 3	3 8	15 26
22. Influenza ...	11	3	8	—	—	—	—	1	1	1	3 2
23. Pneumonia ...	80	30	50	3	—	—	—	1 1	2 4	4 5	20 38
24. Bronchitis ...	45	34	11	—	—	—	—	—	8 1	13 3	13 7

<i>Causes</i>	<i>Persons</i>	<i>M</i>	<i>F</i>	<i>-1</i> <i>M F</i>	<i>1-4</i> <i>M F</i>	<i>5-14</i> <i>M F</i>	<i>15-24</i> <i>M F</i>	<i>25-44</i> <i>M F</i>	<i>45-64</i> <i>M F</i>	<i>65-74</i> <i>M F</i>	<i>75-</i> <i>M F</i>
25. Other Respiratory Diseases ...	21	16	5	—	—	—	—	1	6	4	6
26. Ulcer Stomach and Duodenum:	12	7	5	—	—	—	—	1	1	2	2
27. Gastritis, Enteritis and Diarrhoea ...	2	—	2	—	—	—	—	—	—	—	3
28. Nephritis and Nephrosis ...	4	4	—	—	—	—	—	1	1	—	1
29. Hyperplasia of Prostate ...	6	6	—	—	—	—	—	—	—	3	3
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations ...	9	8	1	5	1	—	—	1	1	—	—
32. Other Diseases ...	73	32	41	9	1	1	—	1	4	11	5
33. Motor Vehicle Accidents ...	9	5	4	—	—	—	2	1	2	1	15
34. All other accidents ...	28	12	16	1	—	1	—	1	2	1	8
35. Suicide ...	8	6	2	—	—	—	—	1	1	3	8
36. Homicide, etc. ...	—	—	—	—	—	—	—	—	—	—	2
TOTAL ...	1123	541	582	18 13	2 1	2	2 1	15 14	134 75	158 124	210 354
Inward Transfers ...	86	43	43	2 1	—	—	1	2	16 7	14 12	8 23
Outward Transfers ...	514	283	231	19 18	2 1	3 1	9 2	14 11	82 59	80 55	74 84
Public Institutions (Residents)	551	281	270	15 11	1 1	2	1	11 10	72 43	81 62	98 143

CLINICS AND TREATMENT CENTRES

DAYS AND TIMES OF ATTENDANCE, DEC. 1962

	<i>See also page</i>	<i>Mon.</i>	<i>Tues.</i>	<i>Wed.</i>	<i>Thurs.</i>	<i>Fri.</i>	
Infant Welfare Centres:							
*Blue Coat House	14					2.30-4	
Walcot ...	"		2.30-4	2.30-4			
Oldfield Park ...	"			2.30-4			
Southdown ...	"						
Odd Down ...	"	2.30-4					
Weston ...	"		2.30-4				
Twerton ...	"	2.30-4			2.30-4		
Ante-Natal and Post Natal Clinic:							
45 Rivers Street	10			10-12			
*Maternity and Child Welfare							
Dental Clinic ...	16	By appointment					
Tuberculosis: ...							
Chest Clinic,							
Manor Hos. ...	30	2-4			2-4	2-4	
Venereal Diseases:							
Men (R.U.H.) ...	31		5-6.30			5-6.30	
Women (R.U.H.)	.		5-6.30			2.30-4	
School Clinics: ...							
† Inspection: ...							
City of Bath Girls				9.30-12 (2nd & 3rd Wed.)			
† City of Bath Tech			9.30-12 (1st & 3rd Tues.)				
† Oldfield S.M.							
Boys ...					9.30-12 (2nd & 4th Thurs.)		
*Blue Coat House					9.30-12		
† Moorland Inf. Sch.			9.30-12 (monthly 1st Tues.)				
† Fosseyway Inf.							
& Jnr. ...				9.30-11 (monthly 1st Wed.)			
† City of Bath Boys				9.30-12 (fortnightly 2nd & 4th Wed.)			
† Southdown Jnr.			9.30-12 (monthly 2nd Tues.)				
† Westhill S.M. Bys.					9.30-12		
† West Twerton					(fortnightly 1st & 3rd Fri.)		
S.M. Girls ...				9.30-12 (monthly 1st & 3rd Wed.)			
Eye Infirmary ...			2 p.m.		(By appointment)		
*Dental ...		9.30-5	9.30-5	9.30-5	9.30-5	9.30-5	
Ear, Nose and Throat St. Martin's Hos. ...					9.15† (By appointment)		
Minor Ail. Clinic						9.30-12	
*Blue Coat House							
Other Schools ...							
see Inspec. above							
*Orthopaedic ...				10-12 & 2-4		(By appointment)	
After-Care Clin.							
Orthopaedic Hos.							
Massage ...		Daily	by	appointment			
Ultra-Violet rays		By appointment					

* These Clinics are held at Blue Coat House ‡ 4th Thursday of Month

† School Nurse attends weekly

STAFF, December, 1962
PUBLIC HEALTH DEPARTMENT

Address: The Health Office, Sawclose, Bath. *Tel.:* Bath 5411 or 60491.

Medical Officer of Health and Principal School Medical Officer:

R. M. Ross, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

N. Newman, M.B., Ch.B., D.P.H.

Assistant Medical Officers:

Helen M. H. Mack, M.B., Ch.B.

E. A. Lois Blake, B.A., M.B., B.Ch., B.A.O., D.Obst.R.C.O.G.

City Analyst:

G. V. James, M.B.E., M.Sc., Ph.D., F.R.I.C.

Chief Public Health Inspector:

R. V. Redston, D.P.A., M.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector:

G. W. Dhenin, M.R.S.H., F.A.P.H.I.

District Public Health Inspectors:

R. J. Pendlebury, D.P.A., M.A.P.H.I.

D. G. I. Smith, D.P.A., M.A.P.H.I.

R. E. Adams, M.A.P.H.I.

T. Hemmings, M.A.P.H.I.

W. J. Pearce, M.A.P.H.I.

W. G. Reed, M.A.P.H.I.

Rodent Officer:

R. E. Hanham.

Superintendent Nursing Officer:

Miss D. S. Norman, S.R.N., S.C.M., H.V., Cert, Q.N.

Senior Health Visitor:

Miss S. E. Jones, S.R.N., S.C.M., H.V. Cert.

Health Visitors (and School Nurses):

Mrs. G. Chinnery, S.R.N., S.C.M., H.V. Cert.

Miss E. J. Osborne, S.R.N., S.C.M., H.V. Cert.

Miss A. E. Jones, S.R.N., S.C.M., H.V. Cert.

Miss B. D. Francombe, S.R.N., S.C.M., H.V. Cert.

Miss Y. M. Clarabut, S.R.N., S.C.M., H.V. Cert. (from 1.5.62).

Mrs. E. Longstone, S.R.N., S.C.M., H.V. Cert. (from 1.9.62).

Mrs. E. Snell, S.R.N., S.C.M., H.V. Cert. (from 1.9.62).

Mrs. M. J. Ayling, S.R.N., S.C.M., H.V. Cert. (from 2.10.62).

Tuberculosis Health Visitor:

Miss J. E. Bailey, S.R.N., S.C.M., H.V. Cert., T.A. (Cert.).

Health Visitor Trainee:

Miss R. M. Purnell, S.R.N., S.C.M.

Matron, Riverside Day Nursery:

Mrs. H. A. Hunt, S.R.N.

Senior District Nurse/Midwife:

Vacancy.

Council Midwives:

Miss J. A. Young, S.C.M.

Mrs. B. M. Gerrish, S.C.M.

Miss I. M. M. Ward, S.R.N., S.C.M.

Miss I. A. Trueman, S.R.N. S.C.M. (from 1.10.62).

Miss E. E. Loynes, S.R.N., S.C.M. H.V. Cert. (Part-time) (from 15.10.62).

Home Nurses:

Mrs. T. Allen, S.E.N., Mrs. N. Booth, S.R.N., S.C.M., Mrs. E. Chapman, S.R.N., Miss V. Donovan, S.R.N., S.C.M., Miss H. B. Duckett, S.R.N. (from 22.1.62), Mrs. E. L. Dunn, S.R.N., Q.N., Mrs. R. O. Evans, S.R.N., Q.N., Mrs. M. E. Indoe, S.R.N., Q.N., Mrs. E. Leadbeater, S.R.N., S.C.M. (Part-time), Mrs. E. Love, S.R.N. (Part-time), Mrs. M. A. Luscombe, S.R.N., Mrs. H. K. Prutton, S.R.N. (Part-time), Mrs. H. D. Walker, S.R.N. (Part-time).

Superintendent of Mental Health Services:

A. Austin (from 1.12.62).

Mental Welfare Officers:

R. L. Reddish, Dip.Soc.Sc., R.M.N. (Senior).

J. G. McLeod, S.R.N., R.M.N.

N. L. Hills.

Supervisor, Junior Training Centre:

Miss I. L. Wills.

Assistants, Junior Training Centre:

Mrs. F. E. Tavender.

Mrs. M. Ross.

Home Help Organiser:

Mrs. E. M. Reeves.

Clerks:

C. J. Taylor, D.P.A. (Chief Clerk), R. G. Lavis, D.P.A., Mrs. B. Read, Mrs. H. M. Welch, A. Ashman, J. Brann, Miss E. N. White, Miss M. N. Stone, Miss P. Chorley, Miss A. F. Tollerton, Mrs. W. Allen (temporary), Mrs. J. Bartlett, Mrs. M. Hurd, A. J. Pentecost, Mrs. M. Hecks (from 19 11 62), R. N. Barrett (from 17.9.62).

TO THE WORSHIPFUL THE MAYOR, THE ALDERMEN AND COUNCILLORS OF
THE CITY OF BATH.

MR MAYOR, LADIES AND GENTLEMEN,

All the available indications, and the gratifying low level of infectious disease, pointed to a continued high level of health amongst Bath pupils in 1962.

The proportion of school children found to be of unsatisfactory general condition has been very low for years and has now sunk to 0.2 per cent. Indeed, the nutrition pendulum has swung so far that an undesirable degree of obesity is much more common than evidence of serious malnutrition. While this 0.2 per cent of undernourished may be an accurate assessment of affairs from the purely nutritional point of view, a wider interpretation of general condition might suggest that a considerably higher proportion are functioning below their potential owing to inadequate sleep.

Desirable developments in the School Health Service were again held back by shortage of medical and health visiting staff. Apart from the expansion of the service called for in the Education Act, 1944, the number of school children has increased by more than 50 per cent since pre-war days without any increase in medical staff. It was, therefore, most encouraging to have, before the end of the year, the Education Special Services Sub-Committee, in conjunction with the Health Committee, make provision in the following year's estimates for an additional Medical Officer.

A Teacher of the Deaf was appointed towards the end of the year, and it was soon apparent that good fortune in recruitment was going to lead to a rapid expansion in the scheme for the detection and management of children with limited hearing.

Thanks are due to the Chairman and Members of the Special Services Committee for their continued encouragement and support; to all members, medical nursing, and clerical, of the School Health Service for their unstinted efforts throughout the year; to the Director of Education and his staff, both in schools and in the Department, for their invariable courtesy and consideration, and to the General Practitioners, Hospital Consultants, and the many voluntary bodies without whose co-operation the School Health Service could not function.

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

R. M. ROSS, M.B., Ch.B., D.P.H.

FOR THE YEAR 1962

CITY OF BATH EDUCATION COMMITTEE

Chairman: The Worshipful the Mayor Mrs. Councillor G. Maw

Deputy Chairman: Councillor R. H. Purdie

Aldermen: W. H. Gallop, L. N. Punter, W. H. Rossiter, and
Major G. D. Lock

Councillors: S. D. Chappell, Mrs. K. M. Coates, A. J. Cooper, T. J. Cornish,
R. F. Emmerson, Major W. E. Evans, Mrs. A. E. M. Hanna, R. G. H. His-
cocks, J. G. Hornblower, E. Paul, R. H. Purdie, A. L. Ricketts, R. G.
Stratton, Lt.-Col. A. J. K. Todd

Co-opted Members:

The Rev. J. C. Armes, Dr. A. H. Ashcroft, Mr. R. O. H. Dann, Mr. D. W.
Humphreys, The Rev. J. J. Kelly, Mr. A. G. O. King, The Rev. B. G. Medd,
Mr. A. B. Sackett, Miss M. E. Slade, Mr. F. N. Smith

Special Services Sub-Committee:

Chairman: Mr. A. G. C. King

Councillors:—S. D. Chappell, Mrs. K. M. Coates, Mrs. A. E. M. Hanna,
and Lt.-Col. A. J. K. Todd, Mr. D. W. Humphreys, Miss M. E. Slade

Advisory—Non-Members of the Education Committee:

Miss E. B. Hall, Mrs. E. M. Ridley, Mrs. J. Wesley Whimster.

BATH LOCAL EDUCATION AUTHORITY

SCHOOL POPULATION, JANUARY, 1963	...	...	11,552
Secondary Grammar	...	...	1,284
Secondary Technical	...	...	565
Secondary Modern and Art	...	...	3,279
Primary Junior	...	...	2,387
Primary Infants	...	...	2,281
Primary Junior and Infants	...	...	1,624
Day Special	...	...	132
Total			11,552

Documents were transferred in respect of 475 children moving into Bath, and 445 proceeding to areas of other Education Authorities.

MEDICAL INSPECTIONS

Although the School Health Service is nowadays primarily preventive and advisory, a most important part of its function still lies in securing early ascertainment and adequate treatment of defect. Consequently, in spite of recent developments, the routine medical inspection of all pupils, at least on entry, must remain the essential basis of the service, to ensure that all handicapped children receive the full benefit of medical treatment and educational adjustment. Early ascertainment is essential for the cure of their disabilities, or, at least, the minimising of the effects of residual handicaps. A substantial number of children still enter school with less marked, and hitherto unrecognised, defects, or with more severe defects which have still to be treated, owing to their intractable nature or neglect on the part of their parents.

The high proportion of parents attending the medical examination of the younger age groups provides an admirable opportunity for the School Medical Officer to obtain from the child, parent, teacher, and School Nurse a comprehensive assessment of the child's physical and mental health, and general progress. This is an ideal setting for effective health education, adapted to the particular needs of the individual child, and for influencing and securing the co-operation of those adults most important in the control of the child's two worlds of home and school. As the severity, rather than the number, of defects discovered at routine medical inspection decreases, this advisory function increases in importance and in itself fully justifies continuation of the traditional procedure.

Largely due to the excellent co-operation between School Medical Officers and the Head Teachers, arrangements for examination and treatment of defects of school children continued to operate smoothly. Medical Officers sessions are held at schools at regular intervals, usually at least monthly, in some cases more frequently.

During the year 5330 inspections were made resulting in the discovery of 661 defects needing treatment, and 2541 requiring observation. The small proportion of children found to be in "unsatisfactory condition" means that the standard of care of children is being maintained.

During 1962 the following examinations were made on 320 visits to schools by Medical Officers.

(a) ROUTINE—

Entrants	997
Second age group	959
Third age group	1,318
<hr/>	
Total	3,274
Other periodic inspections	404
<hr/>	
Grand Total	3,678
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(b) Other Inspections—

Specials	216
Re-inspections	1,436
<hr/>	
Total	1,652
<hr/>	

Among the Special Inspections are included:

Certification of Fitness for part-time employment	264
Home Office "Boarding Out" exams ...	56
Ascertainment of "Handicapped" Pupils	48
Prior to admission or return to Residential Schools	97

SCHOOL NURSES INSPECTIONS

The School Nurse, in most cases a Health Visitor who has known the children from birth, is able to maintain even closer contact with the school than is possible for the Medical Officer, and her knowledge of the home background can be of much assistance to the teaching staff. There is much more involved in her inspection than the examination for cleanliness and head infestation, although this unfortunately cannot yet be dispensed with.

Such frequent contact enables the experienced nurse to notice also more serious defects at an early stage; to follow the progress, physical and otherwise, of her charges; and to collaborate with the teacher in the close supervision of those children who are not thriving or failing to show satisfactory educational progress. This link between school, clinic, and, if necessary, the home, is particularly valuable to the small minority of children whose home care is inadequate.

Three full-time School Nurses and eight Health Visitors giving part of their time to School Health work are engaged in attendance at School Medical Inspection, at the Minor Ailment Clinics, in cleanliness inspections, and in following up cases in their homes. A total of 1150 school and 541 follow-up visits to school children's homes in connection with cleanliness and other matters were made.

Cleanliness Inspections (Education Act 1944, Section 54):

Visits by School Nurses to Schools	337
Home Visits	108
Number of examinations	15,197
Cases of infestation	105
Number cleansed (including follow-on cases from 1961)	48

It was not found necessary to issue either Cleansing Orders or Cleansing Notices in any of these cases, most parents being fully receptive of advice and treatment given by the School Nurse.

The great majority of cases are relatively slight, and the severe chronic cases of infestation come from unsatisfactory home backgrounds where the problem has to be tackled on a family basis. It is most unfair to the great majority of careful parents that their children should be so exposed, and, even more so to the children of the neglectful parent, who have this odium added to their other handicaps.

ROUTINE SCREENING TESTS

A necessary corollary to the emphasis on early ascertainment of defect is routine screening of age groups, or at least of children known to be at special risk. This is essential not only to secure earlier and therefore more satisfactory medical treatment, but also to prevent any avoidable retardation of scholastic progress.

All school entrants have their vision tested, special methods being used in the case of backward or immature children; colour vision is tested at 10 years, before a career, and consequently the senior course of education, is decided on, and thus a proportion of boys, in whom serious colour blindness is more common, are spared later disappointment.

HANDICAPPED PUPILS

Since a handicapped pupil is more dependent than a normal child on the support of his family, and must in any case return to the community to live and work, an increasing proportion of the more severely handicapped children are remaining in ordinary schools. Residential schools remain indispensable where a child's essential needs cannot otherwise be met, or where attendance at an ordinary school would divert an excessive amount of the teacher's time from the rest of the class.

The type of handicap is itself changing, with the virtual disappearance of rickets, and a very great reduction in the incidence of such diseases as tuberculosis and rheumatic fever. These are being replaced, as a result of improved obstetric and paediatric practice, by the survival of children suffering from severe, and very often multiple, congenital defects, the management of which is a complex matter involving as it does special supervision and care from a variety of different agencies. Indeed it is exceptional for a child's handicap to be single, and in the majority of cases, physical, emotional, and educational, disability are all present in varying degrees. The best hope of cure, or at least of minimising residual disability, depends on early ascertainment and treatment, but a substantial number of children suffering from minor degrees of defect hitherto unrecognised, or more severe handicap, lapsed from supervision or treatment, are still found on school entry. All handicapped children need, to offset their disabilities, the best possible education of which they are capable, and have also to be helped to adjust to their limitations and make full use of the social education which the school also provides; in this way they may learn to live with their handicap and exploit to the full their remaining assets.

Teachers have long played a most important part in the preventive mental health field in compensating for the often unsatisfactory home environment of disturbed and maladjusted children. Their help in securing the handicapped child's absorption into the school community is particularly important in preventing the additional psychological risk which lies in wait for the handicapped child and his parents. One of the main secrets of success is emphasis by all concerned on the child's remaining potentialities rather than on his limitations.

This aspect of the School Medical Officers' (and School Nurses') duties requires not only full appreciation of the medical aspects of a child's disability, and the carrying out of all necessary treatment, but also the giving of advice to the teaching staff on the necessary modifications of the normal school life which the child's disability demands. An accurate assessment of a child's disability frequently calls for repeated examination and much patient observation, with specialist advice where necessary. Close collaboration with the teaching staff is essential, the School Medical Officer acting, as it were, as interpreter of the family doctor's and specialist's requirements in terms of school life, with which the School Medical Officer has so much more opportunity to familiarise herself than is available to her medical colleagues.

In the special case of the ascertainment of educationally subnormal children, this function can only be performed by Medical Officers who have been specially approved by the Ministry of Education as trained in this field; all the Medical Officers on the Bath School Health Staff are thus qualified. The Parents of E.S.N. children require advice and support, often for long periods, as do also those of the many children who suffer from temporary emotional disturbance or behaviour problems.

Much remains to be done in providing later vocational training and continued supervision of handicapped school leavers, in order to support them through the difficult years of adolescence, with its often painful adjustments to adult social and working life. At present a great deal of intensive care lavished in early years is largely wasted through a failure to maintain supervision and support into adult life.

Cases of minor maladjustment are so frequent as to make their referral to the Child Guidance Clinic impossible, as well as unnecessary, in the majority of cases. For these all that is necessary is the collaboration of family doctor, teachers, and school health staff, aimed at providing a more healthy emotional climate for the children concerned. Fortunately a child's resilience and natural tendency to recovery operate in the emotional as well as the physical field, and facilitate a return to normal acceptable behaviour. A particularly close watch is kept on these children by both Medical Officer and School Nurse, and in this field the School Health Service can offer considerable help to the family doctor, who is primarily responsible for overall continuing supervision of the handicapped, and co-ordination of the many agencies working on their behalf.

The following handicapped pupils have been newly placed in special day or residential schools during the year:

Number ascertained in 1962:

Delicate	I
Maladjusted	I
Educationally Subnormal	17
	<hr/>
	19
	<hr/>

Number placed in 1962:

Partially hearing	I
Delicate	I
Maladjusted	I
Educationally Subnormal	20
	<hr/>
	23
	<hr/>

Awaiting placement on 31.12.62:

	<i>Day</i>	<i>Boarding</i>
Partially Sighted	—	I
Partially Hearing... ..	I	—
Physically Handicapped...	I	2
	—	—
	2	3
	—	—

Number and disposition of Handicapped Pupils at 31.12.62:

Category	In Spec. Schools or Hostels (maintained and non-maintained)		Independent Schools (under L.E.A. arrangements)		Having Home Tuition	Attending Ordinary Schools or Awaiting placement	Total
	Day	Boarding	Day	Boarding			
Blind ...	—	—	—	—	—	—	—
Partially Sighted ...	—	2	—	—	—	1	3
Deaf ...	—	2	—	1	—	—	3
Partially Hearing ...	—	1	—	2	—	1	4
Delicate ...	—	2	—	4	—	—	6
Physically Handicapped	2	4	—	1	4	5	16
Educationally Sub-Normal	102	2	—	2	—	3	109
Maladjusted ...	1	1	—	2	1	—	5
Epileptic ...	—	—	—	—	—	—	—
Total	105	14	—	12	5	10	146

Six Pupils received Home Tuition for varying periods during the year.

The expense borne by the Local Education Authority during the financial year ending 31st March, 1962, was £12,870 of which £937 was paid for education in hospitals. £1,006 was expended on the provision of home tuition.

DISTRIBUTION OF HANDICAPPED PUPILS IN SPECIAL AND INDEPENDENT SCHOOLS

A. Residential:	School	No. of Pupils
Handicap		
Partially Sighted:	Exhall Grange, Exhall, Warwickshire.	2
Deaf and Partially Hearing:	Royal West of England School for the Deaf, Exeter.	2
	Hamilton Lodge School, Brighton	2
Delicate:	Truro School, Cornwall.	3
	School of St. Clare, Penzance, Cornwall.	1
	Meath School Ottershaw, Surrey.	1
	Pilgrims School, Seaford, Sussex.	1
	Blackfriars School, Llanarth.	1
	Shorcham Grammar School, Sussex.	1
Physically Handicapped:	Whitemess Manor, Kingsgate, Kent.	1
	St. Rosa's Special School, Stroud, Glos.	1
	Lord Mayor Treloar College, Alton, Hants.	1
	Burton Hill House, Malmesbury.	1
Educationally Sub-Normal:	Pied Heath House, Hillingdon, Middlesex.	1
	Croydon Hall, Nr. Watchet.	2
	Pitt House, Torquay.	2
Maladjusted:	Sutcliffe School, Winsley, Nr. Bradford-on-Avon, Wiltshire.	1
	Shotton Hall, Nr. Shrewsbury.	1

B. Day:	<i>Handicap</i>	<i>School</i>	<i>No. of Pupils</i>
Physically		Clarcmont School for Spastics, Bristol.	2
Handicapped:		La Sainte Union Convent, Bath.	1
Maladjusted:		Trevose School, Bath.	1
Educationally			
Sub-Normal:		Penn Hill School, Bath.	102

CLINICS

Minor Ailments:

The provision of Doctor's clinics at Bluecoat Central Clinic and at certain schools, and the treatment of minor ailments by School Nurses on their routine visits to schools, continued as before.

	<i>Number of cases treated or under treatment during the Year</i>					
(a) Skin—Ringworm—Scalp	—
Ringworm—Body	—
Scabies	—
Impetigo	20
Other Skin Diseases	283
Eye Disease	10
(External and other, but excluding errors of refraction, squint, and cases admitted to hospital).						
Miscellaneous	358
(e.g. Minor injuries, bruises, sores, chilblains).						
Total						671
(b) Total number of cases attending Authority's Central Clinic:						
Doctor's Sessions	207
Nurses' Sessions	675
Number of individual cases treated at schools by School Nurses	3,453
Number of follow-up treatments	1,535

SPECIALIST CLINICS:

Ophthalmic:

Total number of Eye Clinics held at Bath Eye Infirmary	61
Total attendances	639
Total number with refractive error and squint	349
New Cases	114
Prescribed spectacles	237
Number of other eye conditions treated at Eye Infirmary and Minor Ailment Clinics	17
Spectacles known to have been obtained from Opticians	63

Orthopaedic:

During 1961 the following work was carried out in collaboration with the Bath Hospital Management Committee. Mr. Price's attendance at the Central Clinic is a convenience which is very much appreciated both by parents and School Health staff.

In addition to Consultant sessions, pupils have the benefit on other occasions of the attendance of the Orthopaedic Sister from the hospital at our own clinic.

Surgeon's Sessions	34
After-care Sessions	46
No. of new cases (excluding infants)	75
No. of old cases (continuing)	140
Total attendances	547
Cases treated by Physiotherapist	27
Attendance for Physiotherapy	56

Admitted to Orthopaedic Hospital:

Anterior Poliomyelitis—Chronic (for surgery)	2
Congenital deformities	6
Fractures and Injuries (except burns)	22
Hip conditions	3
Foot deformities (excluding talipes)	4
Knee conditions	1
Osteomyelitis	2
Other conditions	7
Acute Poliomyelitis	—
Total	47
No. of cases Re-admitted	6

CHILD GUIDANCE

In 1962 there were eighty-three sessions held at the Child Guidance Clinic at which thirty-four new cases and seventy-six continuing cases made 382 attendances.

I am indebted to Miss Hasler, Psychiatric Social Worker, for the following report on the work.

This is an analysis of the new referrals:—

<i>Referred By</i>	
School Medical Officers	33
Psychiatrists	12
Paediatrician	17
Educational Psychologist	17
Health Visitors	3
Problem Officers	2
Parents and others	9

<i>Reasons for Referral</i>	
Nervous and Psychomatic Disorders	30
Habit Disorders	12
Behaviour Disorders	36
Educational Difficulties	10
Follow-up or other Enquiries	5

<i>How Dealt with</i>	
Assessment and Advice only	19
Advice and supervision	51
Withdrawn	11
Referred for Play Therapy	3
Still waiting First Appointment	9

The P.S.W. has continued to attend one Paediatric Clinic session at the Royal United Hospital each week as well as the Play Therapy Session, and her work has been carried out as follows:—

Clinic and Office Interviews	276
Home Visits and other Visits	374
School Visits	15

In addition she attended Inter-Clinic Conferences in London in April and in Bristol in October.

It was expected that the Child Guidance Service would be moved to new premises at 3, North Parade Buildings early in 1964. These premises have been adapted for the purpose and will facilitate the desired expansion of the Service.

Play Therapy:

Cases carried forward from 1961	...	...	15
Commenced treatment in 1962 ...	...	...	8
		Total	<u>23</u>

(This number includes two in Residential Schools for Maladjusted children who are seen regularly in the holidays).

Cases Closed during the year:

Improved ...	...	...	2
Withdrawn by Parents ...	...	...	2
Transferred to P.S.W.'s Supervision ...	...	...	2

The Play Therapy session has continued to be held on one morning a week in the Infant Welfare Clinic premises. Children receive weekly, fortnightly, or monthly appointments according to the severity of their symptoms. Urgent cases are seen right away but other cases wait for about a year for an appointment. It is hoped that this clinical service can be extended in the near future.

Additional Cases Dealt by P.S.W.:

Carried forward from 1961	...	...	22
Referred in 1962 ...	...	...	93
		Total	<u>115</u>

Ear, Nose and Throat:

Total number of Consultant Clinics	...	...	10
Total number of attendances	...	...	56

Operations:

Tonsils and adenoids	...	...	67
Other conditions	...	...	1
Other forms of treatment	...	...	63

Ear Defects:

<i>Hearing</i>			
Total cases referred for treatment	...	...	21
Total cases for observation	...	...	116
<i>Otitis Media</i>			
Total cases referred for treatment	...	...	9
Total cases for observation	...	...	107
<i>Other</i>			
Total cases referred for treatment	...	...	—
Total cases for observation	...	...	17

Nose and Throat Defects:

Total cases referred for treatment	...	...	18
Total cases for observation	...	...	472

Audiometry:

Arrangements for hearing tests continued as before, two of the School Doctors carrying out audiometric tests at their Clinics at the School Health Department. The waiting list is now quite short, and children referred by Parents, Teachers, Nurses, or Doctors are invariably seen within a few weeks.

The Peripatetic Teacher of the Deaf commenced duty on 3rd September, 1962. One of her first duties has been to give specialised speech training to partially hearing children who attend ordinary schools and advise the teachers on the management of these pupils in class. She has also been able to advise parents in relation to the particular problems of the deaf child within the home.

In addition the teacher attends the Royal United Hospital Audiology Clinic as member of the assessment "team".

Plans were made for her to commence Screening of all children in the Infants Schools in the new year, as a temporary measure until auxiliary staff could be trained for this routine work.

Children subjected to one test	...	...	90
Number requiring re-testing once	...	...	10
Number requiring re-testing twice	...	...	5
Number requiring re-testing on three occasions	...	...	1
Number referred to E.N.T. Specialist:			
Having previous history of ear disease	...	...	9
Without previous history of ear disease	...	...	7
			<hr/> 16

The sixteen cases referred to the E.N.T. Specialists were in the first instance notified to their family Doctors, and in three cases the private Doctor expressed a wish to contact the Specialist directly.

Speech Therapy:

During the year regular therapeutic sessions were again divided between the clinic and schools where there were sufficient children requiring treatment to warrant this. In these schools the direct contact with teachers leads to greater mutual understanding of any difficulties, and this is especially valuable in cases where the home background is poor, (where parents are unable or unwilling to help at home with practice, teachers will frequently do so).

The majority of children attending the clinic are seen weekly for half an hour, while some who have relatively slight defects receive treatment only during the holidays.

The remainder of infant and junior schools are usually visited annually for the benefit of children under review. This group comprises children whose defects are very slight and are likely to improve on their own; those who are followed up after being discharged; and those who are as yet too young to benefit fully from direct treatment.

			Boys	Girls	Total
Total attendances	...	...	...	...	2,345
Total individuals	...	...	105	31	136
Discharged	...	...	...	...	43
New Cases	...	...	...	...	55
Seen at School	...	...	...	...	206
For review at School	...	...	...	...	148
Speech Therapy not necessary	...	...	...	...	17
Ceased attendance	...	...	...	...	4

Defects:		Boys	Girls	Total
Stammer	... ..	27	5	32
Stammer and Articulatory Defect	...	1	—	1
Cleft Palate	... ..	1	2	3
Lisp	... ..	7	5	12
Other Articulatory Defects	... ..	64	18	82
Language disorders	... ..	5	1	6
	Total	105	31	136

INFECTIOUS DISEASES

Notifiable infectious illness remained at a low level during 1962, and in no case was it necessary to close a school or class.

Scarlet Fever:

41 cases were notified. They were of a mild type, and almost all were nursed at home. 24 cases occurred in children of school age.

Measles:

During the year 13 cases (2,039 in 1961) of measles were notified. Of this number 4 occurred in children of school age.

Whooping Cough:

The number of cases of whooping cough notified was 10, compared with 100 in the previous year.

Dysentery:

23 cases of this mild but unpleasant illness were notified during 1962, 9 cases occurred in children of school age.

Acute Poliomyelitis:

No case of poliomyelitis was notified. Vaccination against poliomyelitis continued throughout the year, and 1,133 more children and young persons were protected, and 5,438 in the same age group (born 1943-62) received booster doses. From the early part of the year, vaccination was offered with either Salk Vaccine by injection or Sabin Vaccine by mouth.

Diphtheria:

For the ninth successive year there was no case of this disease. Arrangements for immunisation against Diphtheria, described in previous reports, continued throughout the year, with the greatest co-operation from Head Teachers. During 1962, 68 children between five and fifteen years received primary immunisation against diphtheria (in addition to 1,004 under five years). 531 school children received reinforcing injections. It is estimated that of the child population under fifteen, 45 per cent have been immunised within the past five years; a further booster dose at 10 years as well as at 5 years is necessary to maintain immunity at an adequate level.

It is reasonably certain that the practice of systematic immunisation of children under fifteen years of age is responsible for the effective control of this disease, and, to be sure that an epidemic will not occur again, at least seventy-five per cent of the child population under fifteen should be protected.

Tuberculosis:

One case of Non-Pulmonary Tuberculosis notified was in a boy of 10 years.

B.C.G.:

Vaccination was made available to all 13 year old pupils in maintained Secondary Schools, who showed no evidence of previous exposure to infection. 343 were vaccinated out of a total of 554 given the preliminary skin test.

Mass X-Ray:

The X-ray Unit visited several senior schools during 1962 and 587 pupils, staff, and students were examined, with the very satisfactory result that only one case of inactive tuberculosis was discovered. It is hoped that this initiation will encourage the use of Mass X-ray in later life.

The teaching and catering staff of the Local Authority's Schools are encouraged to attend for X-ray when the Unit is in Bath. All new appointments to the teaching and food handling staffs are examined by X-ray to exclude tuberculosis and are requested to repeat this annually.

MEDICAL EXAMINATION PRIOR TO SCHOOL JOURNEYS

During the year, further trips were undertaken by a number of schools, and the children were medically examined or vaccinated prior to these trips. 26 girls from the City of Bath Girls' School, travelled to Pau, 13 boys from Westhill S.M. School journeyed to Snowdonia, and a further 20 boys went to Austria. 37 boys from Oldfield S.M. School visited Kessingland, and 16 boys went on a canoe and camping holiday. 52 children from Fosseyway Junior School were examined prior to their annual school journey to Teignmouth.

CONVALESCENCE

During the year arrangements were made for 3 children to go to Rosehill Children's Hospital, Torquay, for periods of convalescence and the Worshipful the Mayor very kindly consented to financial help being given from the Mayoress' Fresh Air Fund to cover their train fares to Torquay.

In one instance a School Welfare Officer accompanied a child to Torquay, but on the other two occasions the parents escorted the children.

Two children had their holidays arranged through the Rotary Club.

SCHOOL WELFARE

We are indebted to the Chief School Welfare Officer for supplying the following information.

Employment of Children:

Number of pupils employed in:				
Delivery of newspapers	...	...	...	178
Other employment	...	...	...	106
				<hr/>
				284
				<hr/>

A constant check is kept by the School Welfare Department to ensure that the employment bye-laws are observed, and the Authority has power to prohibit or restrict any employment which may render a child unfit to obtain proper benefit from his education. In the vast majority of cases, however, such employment appears to have no detrimental effect on the children's health or school progress.

School Attendance:

School attendance figures for the year show that the percentage of attendance attained was the highest for very many years with an average percentage of 92.3. This is mainly due to the fact that attendances were not affected during the year either by epidemics or prolonged spells of severe weather.

NUTRITION

Thanks are due to Miss Dixon, School Meals Organiser for her very full co-operation and for the statistical information given below.

Dinners are available in every school. Twenty-four schools have self contained kitchen—dining rooms; the remainder are supplied with meals from a central kitchen. Over 191 days, a total of 1,423,494 dinners were served. This compares with 186 days and 1,307, 504 meals in 1961, an increase in 1962 of 115,990 meals. The charge for school dinners is 1/- per head, and arrangements can be made for waiving or reducing this in certain circumstances.

The average daily number of dinners served in maintained schools during the year was 7.453 (in 1961 7.030). The total daily average of dinners produced, including dinners supplied to non-maintained schools was 7.994 (in 1961, 7.627).

The organiser of school meals is in close touch with the Health Department in matters concerning the health of the staffs of canteens, and in the hygiene of kitchens. I am pleased to report that no case of food poisoning affecting children has ever been attributed to school meals.

Pasteurised milk is available to all school children and pupils up to the age of eighteen who are attending a full time course at a Further Education Establishment. It is also available to handicapped children receiving home tuition. On a sample day during the year when Headmasters submitted a return, a total of 9.162 one-third pints were issued to pupils in attendance at schools maintained by the local Education Authority. This represents 83.4 per cent of the total number of pupils present on that day. In addition to this 2,373 one-third pints were issued to pupils in attendance at independent schools.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1962

During the year the staffing position remained the same as the year before. There are two full-time dental surgeons, a part-time dental surgeon averaging one session per week, and two consultant anaesthetists between them attending approximately once weekly.

The great majority of the children attend regularly for dental treatment, either at the Clinic or obtaining treatment from the General Dental Services. Oral hygiene is generally very good. An increase in the number of children inspected was achieved this year, the number being for the first time over ten thousand.

A very welcome feature of the year was the arrival of an orthodontist in Bath. A practice has been opened almost in the centre of the City. Before this, orthodontic cases had to travel to Bristol and some parents found it difficult. Now it becomes a relatively simple matter to refer cases.

During the Autumn term, the most recent dental film "Where there's a Will" was obtained and shown to the senior schools. All agreed that it was a very good film and made the necessary points clear.

The following are the figures relating to work done during the year.

1. Number of pupils inspected by the Authority's Dental Officers:—						
(a)	At Periodic inspection	...	...	...	...	9,614
(b)	As Specials	...	...	...	...	903
TOTAL (1)						10,517
2. Number found to require treatment						
3. Number offered treatment...						5,202
4. Number actually treated						4,299
5. Number of attendances made by pupils for treatment including those recorded at heading 11 (h)						1,750
6. Half days devoted to:—						4,985
	Periodic (School) inspection	...	...	...	...	82
	Treatment	...	...	...	...	886
TOTAL (6)						968
7. Fillings:—						
	Permanent Teeth	...	...	...	...	2,102
	Temporary Teeth	...	...	...	...	145
TOTAL (7)						2,247
8. Number of teeth filled:—						
	Permanent Teeth	...	...	...	...	1,966
	Temporary Teeth	...	...	...	...	143
TOTAL (8)						2,109
9. Extractions:—						
	Permanent Teeth	...	...	...	...	395
	Temporary Teeth	...	...	...	...	874
TOTAL f9)						1,269
10. Administration of general anaesthetics for extraction...						704
11. Orthodontics:—						
(a)	Cases commenced during the year	...	...	...	...	19
(b)	Cases carried forward from previous year...	...	...	...	...	6
(c)	Cases completed during the year	...	...	...	...	8
(d)	Cases discontinued during the year	...	...	...	...	4
(e)	Pupils treated with appliances	...	...	...	...	33
(f)	Removable appliances fitted	...	...	...	...	33
(g)	Fixed appliances fitted	...	...	...	...	—
(h)	Total attendances	...	...	...	...	177
12. Number of pupils supplied with artificial dentures						41
13. Other operations:—						
	Permanent Teeth	...	...	...	...	1,086
	Temporary Teeth	...	...	...	...	31
TOTAL (13)						1,117

STAFF OF THE SCHOOL HEALTH SERVICE, 1962 MEDICAL

Principal School Medical Officer and Medical Officer of Health:

*R. M. Ross, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer and Deputy Medical Officer of Health:

*N. Newman, M.B., B.Ch., D.P.H.

School Medical Officers:

*Helen M. H. Mack, M.B., Ch.B.

*E. A. Lois Blake, B.A., M.B., B.Ch., D.R.C.O.G.

SPECIAL DEPARTMENTS

Child Guidance:

Psychiatrists: A. Guirdham, M.A., D.M., B.Ch., D.P.M.
K. Reeves, M.D. (Vienna).

Educational Psychologist: H. I. A. Hickish, B.A., B.Sc., Cert. Ed.
A.B.Ps.S.

Psychiatric Social Worker: Miss J. W. Hasler, B.Sc., (Econ.),
A.A.P.S.W.

Teacher of the Deaf:

Mrs. J. E. Garthwaite.

Speech Therapist:

Miss K. Lloyd, L.C.S.T.

Dental:

G. C. Davis, L.D.S. (Principal School Dental Officer).
Miss E. R. Shinkwin, B.D.S. (School Dental Officer).

School Nurses (Full-time):

Mrs. D. M. Hales, S.R.N.

Mrs. E. M. Milsom, S.R.N.

Miss M. J. Rafferty, S.R.N., S.C.M., H.V. Cert

Part-time—Eight Health Visitors

Dental Attendants:

Mrs. E. Dauncey.

Mrs. L. D. A. Mahony.

Clerical Staff:

Mr. D. C. Clark.

Miss L. Huggins.

Mrs. G. V. Nuttall.

Mrs. M. B. Fulluck.

Mrs. S. Alvis.

* Whole-time Medical Officers of the City Council, but part-time only for the Education Committee.

The following are the addresses of the principal school clinics. Particulars relating to the clinic sessions held are to be found on page 38 of the main report.

Blue Coat House, Sawclose, Bath.
 City of Bath Boy's School, Beechen Cliff, Bath.
 City of Bath Girl's School, Lower Oldfield Park, Bath.
 City of Bath Technical School, Brougham Hayes, Bath.
 Fosseway Infant's School, Frome Road, Bath.
 Moorlands Infant's School, Moorfield Road, Bath.
 Oldfield Secondary Modern Boy's School, Wells Road, Bath.
 Southdown Junior School, Mount Road, Bath.
 St. Luke's School, Frome Road, Bath.
 Westhill Secondary Modern Boy's School, Rush Hill, Bath.
 West Twerton Secondary Modern Girl's School, The Hollow, Bath.

FINDINGS AND TREATMENT **RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE** **YEAR ENDED 31st DECEMBER, 1962**

Defect Code No.	Defect or Disease	Periodic Inspections								Special Inspections	
		Entrants		Leavers		Others		Total		T	O
		T	O	T	O	T	O	T	O	T	O
4	Skin	4	44	13	73	14	66	31	183	1	6
5	Eyes (a) Vision ...	15	60	170	37	176	73	361	170	31	15
	(b) Squint ...	13	6	2	—	8	2	23	8	1	—
	(c) Other ...	4	5	1	3	2	3	7	11	—	1
6	Ears (a) Hearing ...	1	40	—	13	1	18	2	71	11	33
	(b) Otitis Media	4	76	3	10	1	21	8	107	1	—
	(c) Other ...	—	4	—	3	—	5	—	12	—	3
7	Nose and Throat ...	3	259	3	47	4	147	10	453	8	19
8	Speech	9	54	—	4	5	23	14	81	13	7
9	Lymphatic Glands ...	1	43	1	7	—	15	2	65	1	1
10	Heart	6	36	3	26	3	39	12	101	1	7
11	Lungs	2	50	1	21	—	37	3	108	—	12
12	Developmental—										
	(a) Hernia ...	4	16	—	2	2	6	6	24	—	—
	(b) Other ...	3	38	4	26	2	47	9	111	1	4
13	Orthopaedic—										
	(a) Posture ...	1	22	5	65	6	48	12	135	3	7
	(b) Feet ...	7	40	3	54	9	48	19	142	7	8
	(c) Other ...	7	32	15	52	6	32	28	116	1	16
4	Nervous System—										
	(a) Epilepsy ...	1	6	1	3	5	4	7	13	—	1
	(b) Other ...	—	4	—	8	—	4	—	16	—	2
5	Psychological—										
	(a) Development	—	21	—	19	2	43	2	83	1	16
	(b) Stability ...	1	98	2	28	7	70	10	196	3	30
6	Abdomen	1	13	—	3	2	13	3	29	—	3
7	Other	1	10	2	36	2	50	5	86	3	29
N.B. T.—Requiring Treatment O—Requiring Observation											

LIST OF SCHOOLS IN BATH, DECEMBER, 1962

	Number on Roll				Canteen	Medical
	Infants		Junior		C—Central	Room
	Girls	Boys	Girls	Boys	O—Own G—Group	—A
Primary (Infants only)						
Christ Church (Mrs. C. M. Reeves)...	53	34	—	—	C	—
East Twerton (Miss E. L. Hunt) ...	103	93	—	—	G	—
Fosseway (Miss R. J. Marlor) ...	66	96	—	—	O	M
Moorlands (Miss E. Wilkinson) ...	79	86	—	—	O	M
Parkside (Miss C. I. Peacock) ...	68	82	—	—	O	M
Southdown (Mrs. G. E. Jackson) ...	111	125	—	—	O	—
St. Saviour's (Mrs. J. G. Cullum)...	82	70	—	—	O	—
Walcot (Miss G. M. Godley) ...	54	48	—	—	C	—
Wansdyke (Miss D. E. Dunster) ...	36	33	—	—	O	M
Weston St. John's (Mrs. A. B. Tolman)...	90	117	—	—	G	—

Primary (Junior only)

Fosseway (Mr. E. G. Jerrome, B.Sc. Econ.) ...	—	—	163	217	O	M
Harley St. (Miss G. M. Meek) ...	—	—	102	22	C	—
Moorlands (Mr. V. Smith) ...	—	—	121	130	O	M
Newbridge (Miss V. Alderwick) ...	—	—	168	144	O	M
St. Mark's (Mr. R. A. S. Fenton) ...	—	—	57	62	C	—
St. Saviour's (Mr. A. Mayland) ...	—	—	124	125	O	—
South Twerton (Mr. R. J. Marks)...	—	—	165	170	O	M
Southdown (Mr. R. E. Sanders) ...	—	—	158	154	O	M

Primary (Infants and Juniors)

Bathwick (Mr. L. H. Pursey) ...	37	39	85	75	O	—
St. Luke's (Mr. R. I. C. Fellows) ...	70	63	137	123	O	M
St. Mary's (Miss K. L. Davis) ...	34	36	67	82	C	—
St. Stephen's (Mr. R. R. Brookes)...	46	46	64	84	C	—
Twerton C. of E. (Miss M. E. Slade)	57	63	158	150	O	M
Twerton County Infants (Miss M. E. Slade) ...	33	35	—	—	G	—
Widcombe (Mr. F. J. Baxter) ...	87	85	95	91	O	—
Weston C. of E. (Mr. D. Pike) ...	47	45	104	101	O	M
St. John's R.C. (Miss M. Barry, B.A.)	49	46	83	94	C	M

Senior Girls Boys

Secondary Modern

Cardinal Newman (Mr. J. H. Gilchrist, B.A.) ...	184	225	O	M
Oldfield Boy's (Mr. D. D. Evans, B.A.Hon.) ...	—	676	O	M
Oldfield Girl's (Miss I. Laws, M.A.) ...	447	—	O	M
Diocesan Girl's (Miss A. D. Cadwallader)	365	—	G	M
Westhill Boy's (Mr. R. O. Dann) ...	—	754	O	M
West Twerton Girl's (Miss M. A. Wray, B.A.) ...	613	—	O	M

Secondary Grammar

City of Bath Boy's (Mr. L. Scott, M.A.) ...	—	595	O	M
City of Bath Girl's (Miss W. M. Cook, B.Sc.) ...	707	—	O	M

Other Secondary

Art Secondary (Mr. T. R. Hall, B.A.) ...	67	68	G	—
City of Bath Technical (Mr. T. J. Nicholas, M.A., B.Sc.) ...	—	567	O	M

Day Special School for Educationally Sub-Normal Children

	Junior and Senior			
	Girls	Boys		
"Penn Hill" (Mrs. J. Hughes) ...	131	—	O	M

PERIODIC MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS
(Including Nursery and Special Schools)

<i>Age Groups Inspected (By year of birth)</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
1958 and later ...	197	197	100%	—	—
1957 ...	712	711	99.8%	1	0.2%
1956 ...	110	108	98.2%	2	1.8%
1955 ...	23	23	100%	—	—
1954 ...	23	23	100%	—	—
1953 ...	20	20	100%	—	—
1952 ...	331	331	100%	—	—
1951 ...	611	610	99.8%	1	0.2%
1950 ...	109	108	99.1%	1	0.9%
1949 ...	171	171	100%	—	—
1948 ...	405	404	99.8%	1	0.2%
1947 and earlier...	966	963	99.7%	3	0.3%
Total	3,678	3,669	99.8%	9	0.2%

ANNUAL REPORT
of the
CHIEF PUBLIC HEALTH INSPECTOR
(and Chief Housing Inspector)
FOR THE YEAR 1962

TO HIS WORSHIP THE MAYOR AND THE ALDERMEN AND COUNCILLORS OF
THE CITY COUNCIL.

MR. MAYOR, LADIES AND GENTLEMEN,

Looking back on my first full year in your service, I am disappointed to have achieved so little.

I have tried to come to grips with the problems that confront the department. The difficult ones—and there are several—we can overcome. The impossible takes a little longer.

To me, the greatest is the hydra headed problem of housing to fulfil the need for more and better houses conveniently situated and at prices and rents people can afford. Throughout the year, the demand for houses in Bath, both for sale and to let, remained as strong as ever, but supply was still relatively inelastic. Although, judging from the Census, we are approaching the point, nationally, when there are as many houses as families they are clearly not always where most needed; while their quality often leaves much to be desired.

The other particular problem that has demanded a good deal of attention during 1962 has been the provision and maintenance of public conveniences. While no new premises came into use during the year, the Sanitary and General Purposes Sub-Committee carried out an extensive review of the existing facilities and the needs of each district, making a number of recommendations.

Maintenance was greatly handicapped by the absence on sick leave for about half the year of the Public Convenience Supervisor, Mr. B. Lord, who later returned to duty after a successful operation.

On 19th February, 1962, Mr. J. Dyer joined the department as a Rodent Operative.

A personal loss to all who knew him was the death of Mr. Chislett, the department's disinfecter. By extending the scope of the Rodent Control Staff to deal with all Pest Control and disinfection, and increasing mobility in the department, it was not found necessary to replace him.

During the year Mr. H. W. Nation became Vice-Chairman of the Bristol and West Clean Air Committee and I joined its Executive Committee.

From 18th to 20th June, 1962, I attended a post-graduate course on Radiological Health Hazards at Bristol College of Technology.

If other aspects of our work presented no major acute problem, this was because of the quiet efficiency with which my colleagues coped with the many and varied matters that come our way.

Clearance Areas:

1. Pre-War Schemes:

Nine houses in areas confirmed before 1939 remained standing on 31st December, 1962, five having been demolished during the year. Two of the nine were still occupied.

2. Post-War Schemes:

- (a) Northampton Cottages C.P.O. (4 houses).
Prospect Cottages C.P.O. (4 houses).
Highbury Cottages Clearance Order (10 houses).

These Orders were confirmed in 1961. By the end of 1962 only one house remained occupied in each of Northampton and Prospect Cottages, and Highbury Cottages had been demolished.

- (b) Broad Street Place Clearance Order (16 houses). Confirmed 22nd February, 1962.
Upper Midsummer Buildings C.O. (10 houses). Confirmed 7th March, 1962.
Waterloo Buildings, Twerton C.O. (12 houses). Confirmed 7th March, 1962.
High Street, Weston, No. 1 C.O. (13 houses). Confirmed 16th March, 1962.

These Orders were confirmed by the Minister of Housing and Local Government without variation. Only 11 of the total of 51 houses remained occupied by 31.12.62.

- (c) Hedgemoor C.O. No. 1 (117 houses). Confirmed 7th September, 1962.
Hedgemoor C.O. No. 2 (7 houses). Confirmed 7th June, 1962.
Hedgemoor C.O. No. 3 (2 houses). Confirmed 14th March, 1962.

The Hedgemoor Clearance Orders Nos. 1 and 2 were the subject of a Public Enquiry by an Inspector of the Ministry of Housing and Local Government on 20th March, 1962. Seventy-eight of the total of 126 houses remained occupied at 31.12.62.

- (d) The Ballance Street Clearance Area (59 houses) was represented to the Housing Committee on 11th December, 1962, and was incorporated in a proposed Area of Comprehensive Development.

A. Houses Demolished:

In Clearance Areas:

	<i>Houses demolished</i>	<i>Displaced Persons</i>	<i>Families</i>
(1) Houses unfit for human habitation ...	15	192	61
(2) Houses included by reason of bad arrangement, etc.	—	2	1
(3) Houses on land acquired under Housing Act	—	—	—

Not in Clearance Areas:

(4) As a result of formal or informal procedure under Housing Acts... ..	49	29	11
(5) Local Authority owned houses certified unfit by the Medical Officer of Health	36	91	28
(6) Houses unfit for human habitation where action has been taken under local Acts	—	—	—
(7) Unfit houses included in Unfitness Orders... ..	—	—	—

The houses demolished, other than in Clearance Areas, to which the above figures refer, were as follows:—

27, 28 & 29, Alexandra Road; 4, Back Street; 13, Beechen Cliff Place; 1 & 2, Belle Vue Buildings; 1, 2, 3 & 4, Brighton Terrace; 6, Broad Quay; 5, Budbrook Place; 14, 15, 16, 17, 43, 44, 61, 62, 63, 72, 76, 77, 84 and 85, Calton Road; 8, 9, 11, 12 & 14, Fieldings Terrace, 35, 36, 37 & 89a, High Street, Weston; 16, Kingston Road; Lisbon Cottage, Holloway; 8, Lisbon Place; Malthouse Cottage; 6 & 7, Mount Pleasant; 35, 36 & 40, Primrose Hill; 1 & 2, Sharon Cottages; 1, Southgate Place; 6, Whiteway Road.

Houses certified as unfit and demolished during the year were as follows:—

34 & 35, Beechen Cliff Place; 8, 9, 10, 11, 17, 18, 19, 20 and 21, Fieldings Road; 1, 3, 4, 5, 6, 7, & 13, Fieldings Terrace; 4, 5, & 6, Hills Buildings; Niagara Cottage; Spring Cottage; 4, 5, 7, 8, 9, 10, 11, 12 & 13, Stanley Place; 1, 2, 3 & 4, Warwick Cottages.

B. Unfit Houses Closed:

	<i>Houses No. of Houses</i>	<i>Displaced Persons</i>	<i>Families</i>
(8) Under Sections 16(4) and 17(1) Housing Act, 1957	21	58	18
(9) Under Sections 17(3) and 26 Housing Act, 1957	—	—	—
(10) Parts of buildings closed under Section 18 Housing Act, 1957	11	12	4

The houses closed, to which the above figures refer, were as follows:—

Demolition Orders:

16 & 17, Lambridge Street; 1, Lansdown View; 1, 2, Yewmead Cottages.

Closing Orders:

9, Albion Place; 8, Ballance Street; 5 & 6, Beechen Cliff Place; 3, Belle Vue Buildings; 3, Clarence Place; 18, Corn Street; 18, Grove Street; 4, Ham Road; 12, High Street, Weston; 1, Highbury Terrace; 47, Holloway; 15 & 25, Monmouth Place; 94, Sydney Mews; 1, Whiteway Road.

The houses containing the parts of buildings closed, i.e., basements, and to which the above figures refer are as follows:—

3, Brock Street; 3, Cambridge Place; 5, Cleveland Place West; 6, Harley Street; 4, 15/16, Henrietta Street; "Hillstead", Weston Park; 30, New King Street; 18a Somerset Place; 13, Walcot Parade; 4, Worcester Villas.

C. Unfit Houses made Fit and Houses in which defects were remedied:

	<i>By Owner</i>	<i>By Local Authority</i>
(11) After informal action by Local Authority	155	—
(12) After formal notice under—		
(a) Public Health Acts	9	—
(b) Sections 9 & 16 Housing Act, 1957...	1	—
(13) Under Section 24 Housing Act, 1957 ...	—	—

Housing Progress.

(a) Clearance:

As the foregoing shows, 1962 was a year of consolidation rather than spectacular advance. One hundred houses were demolished, compared with 77 in 1961, and 123 families totalling 384 persons rehoused, as against 109 families comprising 313 persons in 1961.

While good progress was made in rehousing from clearance areas, fewer individual unfit houses were closed, 21 compared with 78 the previous year. Closing Orders were made on a further 11 basements, while two basements already subject to Closing Orders were made fit as well as one which had been subject to an Undertaking not to relet.

Generally the aim was to reduce the number of condemned dwellings still occupied before launching out on further clearance.

Beside being a year of consolidation, 1962 was notable for the efforts made to plan ahead.

On 9th March, 1962, I presented a report to the Housing Committee to enable them to take stock of their progress in clearing unfit houses and to submit further proposals to the Minister of Housing and Local Government in accordance with his Circular No. 2/60. A schedule of houses, found, on a survey, likely to require such action in the next five years was considered and those in any doubt visited by the Inspection Committee, which confirmed these findings.

Clearance of unfit properties, however, is not practical unless the families displaced can be rehoused. A small committee, therefore, went carefully into the problem of providing sufficient houses for this purpose, as well as for the general needs of the city, including those arising from redevelopment of areas such as the Holloway/Calton Road and the Balance Street/Belvedere areas. By December this Committee was nearing the end of its deliberations.

Lack of land and labour for building made its task most difficult.

In tackling even the very limited objective of clearing 321 unfit houses in five years (and the total of markedly sub-standard houses in Bath is much greater than this), we are hamstrung by the drain on our limited resources of the increasing number of families evicted by court orders, often through no fault of their own.

With an embarrassingly large choice, one can only try to deal with the worst properties first. In this, the extensive knowledge of local housing conditions of Mr. D. G. I. Smith is invaluable.

Unfit properties can be dealt with broadly in three ways:—

- (1) Individually, rehousing from and demolishing or closing only the worst houses. This rescues the occupants from the more degrading conditions, but the site often remains as a scar on the landscape.
- (2) In clearance areas of two or more houses. Although slow, this does make a clean sweep of unfit houses, leaving, usually, a site capable of redevelopment.
- (3) As part of a planned redevelopment. This often necessitates clearing some better houses along with the bad, but is essential for effective urban renewal.

Lack of houses, and the considerable number that, by their very construction and layout, are fundamentally unfit, have forced us back on the low standards of the first, but all three methods have their place.

(b) Maintenance and Improvement

Two further reports I made to the Housing Committee on 10th October, 1962, both with a view to improving sub-standard living conditions where clearance and rehousing are not yet contemplated.

The first followed Ministry of Housing and Local Government Circular No. 42/62 which urged "a very big increase in the number of houses being improved" by "a systematic approach to the problem. This means tackling it street by street".

The Committee agreed to designate a small area comprising Hanover Terrace and Gillingham Terrace in Snow Hill (part of which the Council already own), and a large area containing 251 houses in Hungerford Road and district, as Improvement Areas. At least a hundred houses in these areas lack some or all of the basic amenities—a bath, wash-hand basin, water closet, hot water supply and proper food store, and need improvement. Every effort is to be made to persuade and help the owners of these houses to modernise them, not only by improvement grants but, if necessary, by loans toward their share of the cost, or by purchasing the houses from them so that the Council can carry out the improvements themselves. Work on these areas had not begun at the end of the year.

The other report concerned "Houses in Multiple Occupation", which are the subject of detailed, flexible, but involved, legislation contained in the Housing Act, 1961, governing their management, the provisions of essential facilities, including means of escape in case of fire, and reduction of overcrowding.

It was estimated that, of some 1,900 houses of this sort in the City, approximately 178 were substantially self-contained, 667 not self-contained but of fair standard, 741 needing improvement, while 313 are poor. Most of these last are short-lived properties in areas likely to be affected by clearance and redevelopment, and hence do not merit considerable expenditure, however much they need it.

With the limited staff available, it has been necessary to concentrate first on the Improvement Areas. Dealing with the Houses in Multiple Occupation will be an even bigger job and much more difficult, but it is a growing problem in Bath.

Meanwhile the number of known cases of overcrowding increased over the year from 51 to 71.

Rent Act, 1957:

No applications were received either for Certificates of Disrepair or for cancellation of such Certificates during the year.

Overcrowding:

Inspections	80
New cases found	37
Cases abated	17
Cases still existing on 31st December, 1962	71

Inspections and re-inspections in connection with housing:

Acquisition of dwelling houses by Corporation	4
Applications for Council houses... ..	1175
Applications for Grants under Housing Acts	239
Applications for Loans under Housing Acts	335
Conditions in Corporation houses	44
Housing conditions—Housing Acts, 1936–57	3052
Housing conditions—Public Health Act, 1936	1005
Permitted number of occupants in dwelling houses	5
Property Enquiries— Information regarding Orders, Notices, etc., in respect of 1287 premises.	

Works carried out, etc.:

Dampness remedied	81
Dustbins provided	25
Lighting and ventilation provided	5
Paving repaired	21
Roofs, gutters, etc., repaired	129
Sanitary accommodation provided or improved	51
Sinks renewed	30
General repairs	214

Housing etc. Acts, 1949–61:

Improvement Grants:

	<i>Discretionary</i>	<i>Standard</i>
Applications received	85	58
Brought forward from 1961	4	—
Approved	84	46
Approved but not taken up	—	4
Withdrawn	4	7
Refused	—	3
Carried over to 1963	1	2
Inspections and re-inspections made for the purpose totalled 239.		

Again the majority of applications for grants were from owner-occupiers, but 42 in 1962 were for tenanted houses, showing an increase over previous years.

Considerable time is spent discussing proposals with owners at a preliminary stage and every encouragement given to them to take advantage of the scheme. In certain cases, the assistance provided by grant aid enables owners of borderline substandard properties to prolong the life of the houses for an appreciable time, thus postponing their eventual replacement.

Conversion of the larger type of property so prevalent in the City is encouraged by grant aid. Applications made during the year will result in 18 additional units of accommodation.

Advances under Housing (Financial Provisions) Acts:

The Corporation again accepted applications for advances on the security of approved properties with fixed interest repayments. The Department surveys such properties and reports on their condition together with any lack of amenity, etc.

Applications were received as follows:—

Applications received	178
Applications withdrawn	7
Loans refused	2
Loans granted	169
Inspections and re-inspections made for the purpose	335
Houses rendered fit or provided with the standard amenities	107

SECTION II

ENVIRONMENTAL HYGIENE

Complaints:

The number of complaints received was 1164, compared with 1473 in 1961. They were in respect of:

Unsound food	39
Nuisances or contraventions	291
Nuisances from noise	8
Rodent infestations	512
Pests (other than rodents)	314
	<hr/>
	1164

These figures fluctuate widely from year to year, revealing no established trend.

Clean Air:

Bath is one of a hundred and twenty local authorities selected on a scientific basis by the Department of Scientific and Industrial Research to take part in a national survey of air pollution.

The object is to measure continuously the concentration of suspended smoke particles and sulphur dioxide fumes in the air in a number of typical locations. Miss Toler, of the Fuel Research Station, has been most helpful in the selection of four sites, which are in an industrial, commercial, dense and light residential area respectively. My Deputy, Mr. G. W. Dhenin, who is a member of the National Executive of the National Society for Clean Air, prepared the scheme and himself assembled the necessary equipment so that we could start recording at the beginning of 1963.

Smoke Nuisance from factory chimneys is now rare. The bulk of smoke emitted in Bath is from domestic fires. The pale smoke that creeps so unobtrusively over our rooftops is not as innocuous as is fondly imagined. It consists largely of particles of sticky tarry hydrocarbons which adhere to buildings and fabrics, a most tenacious and, with the sulphur gases emitted with it, corrosive form of dirt. Its very fineness and lightness enables it to penetrate deep into our lungs, where it can do great damage. Look down on Bath from any of its commanding heights on a still winter's day and you will see that it is enveloped in a haze of pollution which can cut us off from as much as half what precious daylight and sunlight is available at that time of year.

When adequate statistics are available from our survey, Bath will have to consider very seriously the advisability of cleaning out the bowl in which it lives by adopting Smoke Control Areas, but I would urge anyone reviewing their domestic heating arrangements not to wait for this, but to press on with whatever contribution they can make to cleaner air. There is a wide choice of modern smokeless fuel burning appliances which provide a higher standard of comfort more efficiently and with a saving in labour compared with those of the past.

Caravans:

There has been little change in the situation concerning caravans. It is hoped to do away with the unsatisfactory site at Locksbrook.

Noise:

The battle for peace and quiet continues unabated. While one suspects that the general level of noise is increasing, progress is being made nationally in establishing the level at which noise can fairly be regarded as a nuisance, though this depends on a variety of circumstances.

The eight complaints received in 1962 involved a good deal of time-consuming work with 225 visits. The incidental technical problems are often considerable, but we have met with reasonable co-operation and some success.

The department has acquired a sound level meter and has used a tape recorder on one investigation. From observation in the small hours, we can assure the public that the dawn chorus can drown all other noises made at that time, but have found no means of abating it.

Inspections and Re-inspections re:

Accumulations of offensive materials	...	...	...	...	458
Common Lodging Houses	...	...	...	...	—
Controlled Tipping	...	...	...	...	47
Drainage Inspections	...	...	...	...	586
Drain Testing (Smoke 30, Chemical 10, Colour 59)	...	...	...	...	99
Firguards and Heating Appliances	...	...	...	...	2
Flooding	...	...	...	...	18
Infectious Diseases	...	...	...	...	60
Keeping of Animals and Poultry	...	...	...	...	70
Noise Complaints	...	...	...	...	225
Offensive Trades	...	...	...	...	11
Pest Control	...	...	...	...	188
Pet Shops	...	...	...	...	21
Provision of Dustbins	...	...	...	...	81
Provision of Sanitary Accommodation	...	...	...	...	16
Public Conveniences	...	...	...	...	445
Rivers 8, Canal 15, pollution of	...	...	...	...	23
Rodent Control (including 4276 by Rodent Operators)	...	...	...	...	4383
Schools 1, Cinemas 18	...	...	...	...	16
Smoke Control Area	...	...	...	...	—
Smoke Nuisances (Industrial 70, Domestic 12)	...	...	...	...	82
Swimming Baths	...	...	...	...	20
Tents, Vans, Sheds and Caravans	...	...	...	...	65
Water Supplies	...	...	...	...	38

Works Completed, Nuisances Abated, etc.

Accumulations removed	...	...	...	...	...	...	34
Defective sewers repaired	...	...	...	...	...	...	5
Drains repaired	...	..	...	...	...	..	58
Drains unstopped	...	...	...	...	...	...	62
Drains reconstructed	...	...	...	...	...	...	22
Pests (See Section VI)...	...	...	...	...	...	...	—
Public Conveniences (See Section VII)	...	...	...	...	...	...	—
Smoke Nuisance—industrial	...	...	...	...	...	...	6
Smoke Nuisance—domestic	...	...	...	...	...	...	4

SECTION III

INSPECTION AND SAMPLING OF FOOD

(A) Registration and Inspection of Premises:

	<i>Newly Registered</i>	<i>Discon- tinued</i>	<i>Total now Registered</i>
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	I	—	68
Manufacture and sale of ice-cream	—	—	3
Storage of ice-cream intended for sale	—	—	2
Sale of ice-cream	34	—	362

Food Inspection:

Twenty-nine complaints of food alleged to be unsound or containing foreign bodies were investigated and the number of inspections and re-inspections of food premises were as follows:—

Bakehouses	...	...	...	...	...	...	79
Butchers' Shops	...	...	...	...	...	...	113
Canteens and kitchens (including cafes, hotels and restaurants)	...	...	...	...	...	...	341
Cattle Market	...	...	...	...	...	...	29
Confectioners	...	...	...	...	...	...	145
Dairies 13, Pasteurising Plant 5	...	...	...	...	...	...	18
Examination of foodstuffs	...	...	...	...	...	...	400
Fishmongers and Poulterers	...	...	...	...	...	...	31
Food preparing premises and cooked meat shops	...	...	...	...	...	...	53
Food poisoning investigations	...	...	...	...	...	...	70
Food sampling:							
Food and Drug Act samples	...	...	...	...	...	...	91
Ice-Cream	...	...	...	...	...	...	72
Milk for bacteriological examination	...	...	...	...	...	...	298
Milk for biological examination	...	...	...	...	...	...	—
Food vehicles	...	...	...	...	...	...	120
Fried Fish shops	...	...	...	...	...	...	22
Fruiterers and Greengrocers	...	...	...	...	...	...	99
Grocers and Provision Merchants	...	...	...	...	...	...	297
Ice-cream (places of manufacture)	...	...	...	...	...	...	9
Ice-cream, vendors' premises	...	...	...	...	...	...	97
Licensed premises	...	...	...	...	...	...	25
Meat and Food Depots	...	...	...	...	...	...	41
Merchandise Marks Act	...	...	...	...	...	...	27
Milk distribution	...	...	...	...	...	...	46
Slaughterhouses (Private 917, Bacon Factory 176)	...	...	...	...	...	...	1093
Water sampling	...	...	...	...	...	...	106
TOTAL							3722

Food Hygiene:

Although the total visits to food premises increased from 3,198 to 3,722, the number of contraventions of the Food Hygiene Regulations found decreased from 221 to 157. While this is satisfactory, it ought not to be necessary for inspectors to have to call attention to 55 cases where rooms or apparatus were dirty.

Inspection of catering kitchens and food preparing premises was increased and the proprietor of one cafe prosecuted on several counts (See Section VIII). It is in such premises that food poisoning is most liable to arise and I am not yet satisfied with their standard.

A series of lectures on Food Hygiene, culminating in a display of suitable films, was given to food handlers in the hospital services. To enable shift workers to attend, this involved giving each lecture and film four times, twice at the Royal United Hospital and twice at St. Martin's Hospital. I am grateful to the Bath Hospital Group for inviting us to do this work, to the Secretaries of the two hospitals at which it was centralised for their co-operation, and to the team of public health inspectors who gave the lectures. Certificates were issued to those who made a full attendance.

Lectures on food were also given by Mr. R. J. Pendlebury and myself in a course for licensed victuallers at the Bath Technical College. Its members showed commendable interest and sense of responsibility.

Food Poisoning:

As commonly happens, food poisoning made its appearance toward the end of July and petered out at the end of October. No common link could be established between any of the five small family outbreaks or the ten individual cases brought to our notice. No particular food was implicated in either of the two family outbreaks due to *Salmonella Typhimurium*. Sausage may have been the cause of one of the two family outbreaks of *Salmonella heidelberg*. While a fertilizer was suspected in the case of the more exotic *Salmonella panama*, conclusive evidence was lacking.

Food Complaints:

A wide variety of complaints concerning the sale of alleged unsound food and food containing foreign bodies were received. All were carefully investigated with a view to preventing a recurrence even more than assessing blame. Of thirty one cases investigated 10 were the subject of reports to the Health Committee. Successful prosecutions were investigated in 4 cases and 5 warning letters sent to food traders by the Town Clerk.

The complaints were:

- | | |
|---|---|
| 1. Cork in school milk bottle. | 17. Mould in chocolate sponge sandwich. |
| 2. Trace of dirt in milk bottle. | 18. Mould in Cornish pasty. |
| 3. Piece of bristle in cheese. | 19. Debris in cornflour. |
| 4. Mould in trifle. | 20. Mould in pork pie. |
| 5. Abnormal odour of stew. | 21. Unsound meat served in meal. |
| 6. Black particles in cream meringue. | 22. Mould on meat pie. |
| 7. Magnesium or ammonium sulphate crystal in tinned salmon. | 23. Mouldy apple pies. |
| 8. Larva in tinned tomatoes. | 24. Mould in tin of carrots. |
| 9. Dirt in milk bottle. | 25. Grey colour in chicken croquettes. |
| 10. Stale cheese spread and biscuits. | 26. Sour sausage meat. |
| 11. Iron bar in mouth of salmon. | 27. Cigarette ash on buns. |
| 12. Metal detached in corned beef tin. | 28. Margarine thought to be used on buttered bun. |
| 13. Wire in steak and kidney pie. | 29. Dark colouration in pork pie. |
| 14. Nylon thread in bun. | 30. Stale cream doughnuts. |
| 15. Ball of hair in tinned lambs' tongues. | 31. Tobacco ash in fish cake. |
| 16. Slight mould on puff pastry. | |

(B) Food and Drugs Sampling:

The number of samples submitted was 178 which represented 2.2 per 1,000 population. Apart from a small number of contraventions of the Labelling of Food Order, 1953, and 11 adulterated, which are reported upon under a different heading, the samples were found Genuine.

The following table indicates the wide range of articles submitted for analysis:—

<i>Samples Examined</i>					<i>Samples Examined</i>				
		<i>Informal</i>	<i>Formal</i>				<i>Informal</i>	<i>Formal</i>	
Almond spread ...	...	1	—		Game pie in wine sauce ...	1	—		
Apple joy ...	...	1	—		Gin ...	1	—		
Aspirin ...	...	1	—		Ground rice ...	1	—		
Beans packed in barbecue					Ground white pepper ...	1	—		
sauc ...	...	1	—		Ice-Cream ...	5	—		
Bean sprout ...	...	1	—		Imitation raspberry essence	1	—		
Beef curry ...	...	1	—		Instant potato ...	1	—		
Beef curry with rice ...	...	1	—		Irish stew ...	2	—		
Beef savouries in gravy ...	...	1	—		Lamb dinner ...	1	—		
Beef steak and gravy ...	3	2			Lamb tongue ...	1	—		
Beef steak pudding ...	1	—			Lean cut corned beef ...	1	—		
Beef stew and vegetables	1	—			Lemon curd ...	1	—		
Beef suet ...	...	1	—		Lemon drink ...	1	—		
Bitter lemon drink ...	...	1	—		Madras curry powder ...	1	—		
Bouillon cubes ...	...	1	—		Margarine ...	1	—		
Brandy flavoured jelly ...	2	—			Mashed potatoes ...	1	—		
Brazil nuts ...	...	1	—		Mayonnaise ...	1	—		
Bronchial Mixture ...	...	1	—		Meat casserole ...	4	—		
Buttered bun ...	...	1	—		Milk ...	28	1		
Casserole, lamb and peas					Minced beef loaf ...	1	—		
with gravy ...	...	1	—		Minced beef with onions ...	1	—		
Casserole stewed steak ...	2	—			Minced beef with onion and				
Cheese 'n bacon spread ...	1	—			gravy ...	1	1		
Cheese savoury biscuits ...	1	—			Minced steak ...	1	—		
Chicken and pork rissoles	1	—			Minced steak with				
Chicksnack ...	...	1	—		spaghetti ...	1	—		
Chocolate chip cookies ...	1	—			Nut paste ...	1	—		
Chopped pork with beef					Nutty-nutty toffee ...	1	—		
and ham ...	...	1	—		Onion sauc mix ...	1	—		
Christmas pudding ...	1	—			Orange drink ...	1	—		
Clam chowder ...	...	1	—		Orange squash ...	1	—		
Cooking fat ...	...	1	—		Peelcd potatoes ...	1	—		
Corned beef ...	...	1	—		Pickle ...	1	—		
Cough drops ...	...	1	—		Pilchard and tomato fish				
Cough pastilles ...	...	1	—		paste ...	1	—		
Crab spread ...	2	—			Pink salmon ...	3	—		
Crab spread with butter ...	1	—			Plum chutncy ...	1	—		
Cream cheese ...	...	1	—		Plumrose risotto ...	1	—		
Creamed rice pudding ...	2	—			Proccssed-Gruyere cheese	5	—		
Cube with chicken meat					Prunes in syrup ...	1	—		
and fat ...	...	1	—		Raspberry jam ...	1	—		
Cut almonds ...	...	1	—		Ravioli with tomato sauce	1	—		
Decongestant tablets ...	1	—			Rice creamola ...	1	—		
Dressed crab ...	...	1	—		Royal sunny spread ...	1	—		
Dressed crab with butter	1	—			Salad cream ...	1	—		
Dressed salmon ...	...	1	—		Salad dressing mix ...	1	—		
Fish paste ...	...	1	—		Salmon ...	2	—		
Fried rice ...	...	1	—		Sardines in tomato sauc				
Fruited Jiffi Jelly ...	1	—			and olive oil ...	1	—		
Fruit salad ...	...	1	—		Sea food dressing ...	1	—		
Fruit salad in syrup ...	3	—							

<i>Samples Examined</i>				<i>Samples Examined</i>			
		<i>Informal</i>	<i>Formal</i>			<i>Informal</i>	<i>Formal</i>
Self-raising flour ...	...	2	—	Strawberry jam ...	...	1	—
Sliced peaches in syrup ...	...	1	—	Strawberries in syrup ...	...	1	—
Small whole carrots ...	...	1	—	Strawberry table jelly ...	...	2	—
Spaghetti bolognese ...	...	1	—	Stuffed port roll ...	...	1	—
Spanish rice with tomatoes,				Sweet corn ...	...	1	—
pork and peppers ...	...	1	—	Sweet red peppers ...	...	1	—
Steak and kidney pie ...	...	1	—	Tea... ...	...	2	—
Steak and kidney pudding	2	—		Throat sweets ...	...	1	—
Steak pudding ...	...	1	—	Whole peeled tomatoes ...	...	1	—
Stewed steak ...	...	4	—	Wine gums ...	...	1	—
Stewed steak with gravy...	3	1					
Stoned raisins ...	...	1	—				

Samples found unsatisfactory were:

- Nos. 144, 175 and 176. Fruit Salad. Lables gave ingredients in incorrect order. The suppliers brought this to the notice of the Spanish packers.
- No. 173. Milk (Channel Islands). Deficient in fat. A further (formal) sample taken was found to be satisfactory.
- Nos. 146 and 177. Processed cheese. Low in fat content. Foreign packers informed and remaining stocks withdrawn from sale.
- Nos. 74 and 89. These were the less satisfactory of a number of samples of tins of beef steak and other canned meat, the meat content of which varied considerably. There are no legal standards for these commodities, but the matter has now been the subject of a report by the Food Standards Committee, who have made recommendations.

The selection of samples requires a good deal of thought and careful observation. Mr. R. J. Pendlebury has carried out this work, as well as the bulk of sampling for bacterial tests.

(C) Inspection of Meat and Other Foods:

Meat Inspection:

One hundred per cent meat inspection was again maintained, thanks to regular week-end and evening work by the inspectors on a rota. The number of visits increased because of slaughtering at Weymouth Street.

While the total kill was broadly comparable with 1961, more cattle being killed, but fewer pigs, the weight of meat rejected as unfit was over a ton less.

No whole carcasses of either cattle or pigs were condemned for generalised tuberculosis, compared with one cow carcass in 1961. Only one beast and 147 pigs had localised infections. The percentage incidence of tuberculosis in pigs dropped from 2 to 1.5.

The percentage incidence of *cysticercus bovis* decreased slightly from 3.1 to 3 per cent, but is still disturbingly high.

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	<i>Cattle Excl'd. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs at Bacon Factory</i>	<i>Others</i>	<i>Goats</i>	TOTAL
Number killed (if known)	1804	158	282	4736	7523	2498	3	17,004
Number inspected ...	1804	158	282	4736	7523	2498	3	17,004
All diseases except Tuberculosis and Cysticerci	1	—	1	2	8	1	—	13
Whole carcasses condemned... ..								
Carcasses of which some part or organ was condemned ...	197	40	2	117	497	245	—	1098
Percentage of the ... number inspected affected with disease other than tubercu- losis and cysticerci	10.92	25.31	1.07	2.30	6.71	9.84	—	6.46
Tuberculosis only: Whole carcasses condemned... ..	—	—	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	1	—	—	—	132	15	—	148
Percentage of the number inspected affected with tuber- culosis	00.5	—	—	—	1.74	0.60	—	0.86
Cysticercosis Carcasses of which some part or organ was condemned ...	56	3	—	—	—	—	—	59
Carcasses submitted to treatment by refrigeration ...	56	3	—	—	—	—	—	59
Generalised and totally condemned	—	—	—	—	—	—	—	—

PRIVATE SLAUGHTERHOUSES

Visits to examine meat **917**
 Weight of meat rejected as unfit
 for human consumption:
3 Tons 15 Cwts. 3 Qrs. 19 lbs.

BACON FACTORY

Visits to examine meat **176**
 Weight of meat rejected as unfit
 for human consumption:
5 Tons 16 Cwts. 0 Qrs. 11½ lbs.

BACON FACTORY

Conditions Rendering Carcase Meat and Organs Unfit for Human Consumption:

Number of Pigs killed		Baconers	Porkers	Boars	Sows	Total
		7119	107	29	232	7487
		Weight in lbs.				
Disease:	Abscesses	...	...	...	...	262
	Acute Septic Metritis	...	...	...	...	368 (1)
	Arthritis	...	...	...	...	47
	Bruising	...	...	...	...	213
	Congestion	...	...	...	...	53
	Cystic	...	...	...	...	80½
	Decomposition	...	...	...	...	497 (1)
	Hydronephrosis	...	...	...	...	2
	Inflammation	...	...	...	...	1879½
	Injury	...	...	...	...	61
	Moribund	...	...	...	...	403 (3)
	Nephritis	...	...	...	...	18½
	Oedema	...	...	...	...	243 (1)
	Parasites	...	...	...	...	2268
	Pericarditis	...	...	...	...	41
	Peritonitis	...	...	...	...	867
	Pneumonia	...	...	...	...	1142
	Pneumonia (Acute Septic)	...	...	...	...	80 (1)
	Pyrexia	...	...	...	...	74 (1)
	Tank Water, contaminated by	...	...	...	...	2531
	Tuberculosis	...	...	...	...	1873
						<hr/> 13003½ (8)

Total: 5 tons 16 cwts 0 qrs 11½ lbs.

The figures in brackets indicate the number of cases where it was found necessary to condemn the whole of the carcase and its organs.

PRIVATE SLAUGHTERHOUSES, MEAT DEPOTS AND SHOPS

Conditions Rendering Carcase Meat and Organs Unfit for Human Consumption

<i>Diseases</i>	<i>Cattle (excluding Cows)</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
	lbs.	lbs.	lbs.	lbs.	lbs.
Abscesses	839	128	2	8	5
Angioma	317	355	—	—	—
Actinomycosis	175	—	—	—	—
Adhesions	—	10	—	—	13
Bone Taint	44	—	—	—	—
Bruising	335	122	—	—	—
C. Bovis	1179	98	—	—	—
C. Ovis	—	—	—	4	—
Cirrhosis	230	36	—	4	29
Congestion... ..	—	—	—	—	14
Cystic	—	—	—	—	8½
Distomatosis	1836	258	—	4	4
Emaciation	150(1)	—	—	—	—
Fatty Change	23	—	—	—	5
Hydatid Cysts	12	—	—	—	—
Inflammation	10	—	—	13	147
Injury	210	—	—	—	—
Parasites	47	—	—	330	425
Pericarditis	5	—	—	2	29
Peritonitis	15	—	—	7	58
Pleurisy	14	—	—	—	51
Pneumonia	—	—	1	23	135
Pneumonia (Acute Septic)	—	—	40 (1)	57 (1)	—
Pyrexia	—	—	—	80 (1)	96 (1)
Strongylosis	—	—	—	7	—
Telangiectosis	79	69	—	—	—
Toxaemia	—	—	—	3	—
Tuberculosis	26	—	—	—	202
Tumour	22	50	—	—	—
TOTALS:	5568(1)	1126	43(1)	543(2)	1222(1)

Total: 8,503 lbs. or 3 tons 15 cwts. 3 qrs. 19 lbs.

The figures in brackets indicate the number of cases where it was found necessary to condemn the whole of the carcase and its organs.

Cysticercus Bovis:

Careful examination was made of all cattle slaughtered for human consumption to detect the presence of this parasite and 59 animals were found to be affected. The number of cysts found was 63 and the location of the cysts was as follows:

Type of Animal	Location of Cysts			Viable	Degenerate
	Heart	Masseter Muscle	Diaphragm		
Cows	2	2	1	2	3
Heifers	9	23	2	17	17
Steers	11	11	2	14	10
	22	36	5	33	30

Of the animals affected, one cow was found to have 2 viable cpsts in the masseter muscles and 1 degenerate cyst within the diaphragm. One heifer was found to contain 1 viable and 1 degenerate cyst in the heart, and 1 steer was found to have 2 degenerate cysts, 1 in the masseter muscle and 1 in the heart.

The number of cases detected since examinations were commenced in 1954 are as follows:

Year	Animals Examined			Animals in which C. Bovis was detected			
	Cattle (exc. cows)	Cows	Total	Cattle (exc. cows)	Cows	Total	%
1954	1,796	638	2,434	2	0	2	0.082
1955	2,253	1,225	3,478	5	0	5	0.14
1956	2,656	460	3,116	5	0	5	0.16
1957	2,756	357	3,113	18	2	20	0.64
1958	2,612	417	3,029	29	6	35	1.15
1959	1,894	338	2,232	28	0	28	1.25
1960	1,760	654	2,414	41	3	44	1.82
1961	1,583	96	1,679	48	4	52	3.09
1962	1,804	158	1,962	56	3	59	3.20

Slaughterhouses:

Minor improvements, chiefly in lighting and provision for sterilising equipment, were effected at the three licenced slaughterhouses in the city.

Progress toward replacing the premises at Back Street was slow, and the appointed day for all slaughterhouses in Bath to comply with the construction regulations has had to be deferred from 1st January, 1964, to 1st January, 1965. Premises not then complying with the regulations must cease to function.

Foodstuffs in tins, packets, etc., condemned or surrendered:

	Tins or packets		lbs.
Vegetables	763
Meats, sausages	534
Butter, Margarine	28
Puddings, Pastry	18
Fruits, fruit juices	886
Pickles, Sauces, Spices	85
Soups & Foods, etc.	117
Flours, Cereals, etc.	73
Pastes	12
Jams	67
Milk	106
Fish	425
Miscellaneous	24
			4100½

Meat, etc. condemned or surrendered at Retailers premises and used for processing into inedible by-products:

					lbs.
Beef	...	...	...	...	34
Coconut	...	...	...	...	30½
Faggots	...	...	...	...	58
Kidneys	...	...	...	...	109
Lambs Sweetbreads	...	...	...	...	64
Oxtails	...	...	...	...	174
Pork	...	...	...	...	198½
Turkeys	...	...	...	...	33½
					<hr/> 701½

Other Foodstuffs Condemned:

					lbs.						lbs.
Bacon	...	...	...	...	238¾	Pears	...	...	...	...	320
Beef	...	...	...	...	1206	Pork	...	...	...	...	70
Biscuits	...	...	...	...	115	Raisins	...	...	...	...	30
Cheese	...	...	...	...	39	Sausages	...	...	...	...	65½
Fish	...	...	...	...	84	Sugar	...	...	...	...	2¾
Grapes	...	...	...	...	290	Sweets	...	...	...	...	5
Ham	...	...	...	...	144	Walnuts	...	...	...	...	56
Kidneys	...	...	...	...	263						<hr/> 3366¾
Lamb	...	...	...	...	158¾						
Liver	...	...	...	...	279						

Total Weights of Food condemned or surrendered:

					Tons	Cwts	Qrs	lbs
Meat at Bacon Factory	...	...	...	...	5	16	0	11½
Meat at Private Slaughterhouses	...	...	...	...	3	15	3	19
Food at Retail Premises	...	...	...	...		6	1	1¼
Food in tins, packets, etc.	...	...	...	...	1	16	2	12½
Other Foods	...	...	...	...	1	10	0	6¾
					<hr/> 13	4	3	23

Disposal of Unsound Food:

					Tons	Cwts	Qrs	lbs
Destruction	...	...	...	...	3	6	2	19½
Processing into inedible by-products	...	...	...	...	9	18	1	3¼
					<hr/> 13	4	3	23

(D) MILK AND DAIRIES

Registration:

Registered Dairies 11. Registered Distributors 107.

14 licences were granted as follows:—

"Tuberculin Tested", "Pasteurised" and "Sterilised"	...	...	...	...	5
"Tuberculin Tested" and "Pasteurised"	...	...	...	...	6
"Tuberculin Tested" and "Sterilised"	...	...	...	...	—
"Pasteurised"	...	...	...	...	1
"Pasteurised" and "Sterilised"	...	...	...	...	1
"Sterilised"	...	...	...	...	1
					<hr/> 14

Under the Milk (Special Designation) Regulations, 1960, dealers licences are now issued for a period ending on 31st December, 1965, and in five yearly periods thereafter.

Examination of Designated Milk:

Designation				Samples obtained	Failed Meth. Blue Test	Failed Phosphatase Test	Failed Turbidity Test
Tuberculin Tested	...	...	...	37	3	*	*
T.T. (Channel Island)	...	...	...	45	11	*	*
T.T. Pasteurised	...	...	...	69	—	—	*
T.T. (Past.) Channel Island	...	...	...	59	—	—	*
Pasteurised	...	...	...	65	—	—	*
Pasteurised (Channel Island)	...	...	...	—	—	—	*
Sterilised	...	...	...	3	*	*	—
				278	14	—	—

* Tests not applicable.

The 14 samples that failed the methylene blue reduction test were raw milks, the keeping quality of which is difficult to maintain in warm weather.

(E) ICE-CREAM

Selective sampling was continued and 86 samples were submitted to the Public Health Laboratory for examination. The results were as follows:—

Provisional Grade 1	78 or 90.7%	} 100% satisfactory
" " 2	8 or 9.3%	
" " 3	—	} Unsatisfactory.
" " 4	—	

(F) WATER SUPPLIES AND SAMPLING

Source of Supply				Number obtained	Number unsatisfactory.
Direct from City Mains	...	...	...	4	—
Mineral Springs	...	...	...	52	16
Other Springs	...	...	...	24	8
Miscellaneous	.....	...	...	4	4
				84	28

The samples of water taken from the city mains are in addition to those taken by the City Water Engineer.

Those from the mineral springs showed small bacterial counts from time to time. These should shortly be eliminated.

(G) PUBLIC HEALTH LABORATORY SERVICE, MANOR HOSPITAL, BATH

The number of samples submitted to the Public Health Laboratory Service totalled 534, and I have pleasure in recording my sincere thanks to Dr. P. Mann (Director) and his staff for their excellent co-operation and ready advice during the year.

Bacteriological Examination:

Milk	...	...	...	...	...	...	279
Ice-Cream	...	...	...	...	...	...	86
Water	...	...	...	...	...	...	84
							449

Miscellaneous Samples (bacteriological, suspected food poisoning, etc.):

Cereals	1
Chicken, mushroom and vegetable casserole ...	1
Chocolate Eclairs	2
Coqueremonde—Poitiers (toffees)	1
Cow and Gate full cream milk food	1
Creams:	
Clotted	5
Double	2
Imitation	9
Raw	3
Whipped	2
Cream Cakes:	
Deep frozen dairy cream sponge	1
Flans and imitation cream	2
Imitation cream cakes	5
Jam and fresh cream sponge sandwich	1
Natural cream doughnut	1
Part cream doughnut	1
Whole cream doughnut	1
Cream cake	1
Gateau	1
Faeces	14
Fish cakes	1
Flans	2
Frozen whole hen egg	1
Gripe water	1
Manure	1
Mouse excreta	1
Paprika sausage	2
Pork Pie	3
Pork sausage meat	12
Rat	1
Remainder of joint of boiled ham	1
Rose hip syrup	1
Stewed beef with carrots, onions, Marmite, salt and pepper	1
Syrup from tin of fruit salad	1
Sponge with jam and ice-cream	1
Vomit	1
Wundabar	1
<hr/>	
85	
<hr/>	

Total examined — 534

PUBLIC ANALYST—BRISTOL

The number of samples submitted to the Public Analyst totalled 186, viz.:

Food and Drugs Act, 1955	178
Water for chemical examination	2

Miscellaneous:

6 currant buns	1
1 pint milk	1
Fruit salad in syrup... ..	1
Corn flour	2
Tinned carrots	1
<hr/>	
186	
<hr/>	

SECTION IV

INFECTIOUS DISEASES

Visits of enquiry in connection with infectious and other diseases numbered 60 and disinfection was carried out at 29 premises, viz.:—

Cancer	2
Chicken Pox	1
Gangrene	1
Scabies	3
Scarlet Fever	6
Tuberculosis	13
Miscellaneous	3
	<hr/>
	29
	<hr/>

Disinfection of bedding, etc., was carried out on 3 occasions by steam and on 5 occasions by Formalin.

The following is a list of the articles disinfected.

	<i>Steam</i>	<i>Formalin</i>
Bedspread	1	1
Blankets	22	26
Bolster	1	—
Chairs	—	1
Cupboards	—	1
Mattresses	10	10
Pillows	18	11
Pyjamas	—	1
Quilt	2	—
Sheets	—	3
Table	—	1
Vest	—	1
	<hr/>	<hr/>
	54	56
	<hr/>	<hr/>

26 Library Books were disinfected.

Destruction of bedding, etc., was carried out on 2 occasions. The following is a list of articles destroyed.

Blankets	3
Eiderdown	1
Handkerchief	1
Mats	2
Mattresses	2
Pillow	1
Pillow slips	2
Pullover	1
Sheets	2
Shirt	1
Slippers	1
Tie	1
Trousers	1
	<hr/>
	19
	<hr/>

15 Persons were cleansed and their clothing treated at the Manor Hospital Cleansing Centre.

14 Premises were dealt with in connection with dirty or verminous conditions of the rooms.

2 Parcels of clothing, etc., were disinfected for the purpose of sending abroad.

SECTION V

FACTORIES, SHOPS, OFFICES, ETC.

Factories Act, 1937 to 1961 (Part I):

Inspections for purposes of provisions as to health:

	<i>Number on Register</i>	<i>Number of Inspections</i>	<i>Written Notices</i>
Factories without Mechanical Power ...	234	29	—
Factories with Mechanical Power ...	519	278	7
Other Premises	29	45	—
	782	352	7

	<i>Defects</i>		<i>Referred</i>	
	<i>Found</i>	<i>Remedied</i>	<i>to H.M. Insp.</i>	<i>by H.M. Insp.</i>
Want of cleanliness	5	4	—	2
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences:				
(a) Insufficient	4	2	—	1
(b) Unsuitable or defective	34	22	—	11
(c) Not separate for sexes	—	—	—	—
Other offences	2	1	—	—

Outworkers:

Notifications were received in respect of 18 outworkers. The premises in which the work was carried on were inspected and found to be satisfactory.

Shops Act, 1950:

Inspections and re-inspections	1025
Contraventions dealt with:	
Forms and Notices	—
Hours of closing	17
Inadequate temperature	—
Inadequate lighting (artificial)	—
Sanitary accommodation	2
Washing facilities	—
Hours of employment adjusted	—
Cleansing of rooms	1

Offices:

Nineteen offices were inspected but in no case was any contravention observed.

Bakehouses:

There were twenty-two bakehouses in use (including one basement bakehouse)—to which a total of 79 visits were made.

Rag Flock and Other Filling Materials Act, 1951, 1954, and 1961:

Three premises are registered as required by the Act.

Five samples of filling materials were taken during the year and all were reported upon by the Analyst as satisfactory.

Pet Animals Act, 1951:

Licences were issued in respect of 6 pet shops to which 21 visits of inspection were made from time to time. No contraventions were found.

SECTION VI

RODENT AND PEST CONTROL

The work of rodent control (excluding sewer treatments) for the year is summarised below.

	TYPE OF BUSINESS				
	<i>L.A.</i>	<i>Business</i>	<i>Dwelling houses</i>	<i>Others</i>	<i>Total</i>
No. of first complaints received:					
Rats	3	41	185	8	237
Mice	4	35	141	2	182
Rats and Mice	1	4	4	—	9
Total: ...	8	80	330	10	428
No. of premises found to be infested:					
On notification by Occupier:					
Rats	3	32	116	4	155
Mice	4	35	141	2	182
Rats and Mice	1	4	4	—	9
By Inspection:					
Rats	2	2 Ag. 16	37	10	65
Mice	5	3	59	1	68
Rats and Mice	1	3	1	—	5
Total: ...	16	2 Ag. 93	358	17	484
No. of properties treated by Corporation	16	87	357	17	477
No. of properties treated by Occupier	—	2 Ag. 6	1	—	7
No. of first inspections	112	3 Ag. 265	1150	168	1695
No. of re-inspection, visits for treatment, etc.	536	739	1067	239	2581
Total visits: ...	648	3 Ag. 1004	2217	407	4276
No. of baits laid:					
Prebait	—	—	—	—	Nil
Poison baits Warfarin	—	—	—	—	4089
Arsenious Oxide	—	—	—	—	Nil
Zinc Phosphide	—	—	—	—	Nil
Others (specify)	—	—	—	—	Nil
No. of traps set... ..	—	—	—	—	4
No. of bodies recovered Rats	—	—	—	—	40
Mice... ..	—	—	—	—	49
No. of "block" control schemes carried out:	—	—	—	—	21
No. of serious infestations by M.M.	—	1	—	—	1
No. of major infestations by R.N.	—	1	—	—	1
These figures are included in the number of infested premises above.					
No. of re-inspections	387	2 Ag. 390	59	89	925
No. of re-infestations	29	7	23	10	69
No. of test baitings	24	29	136	15	204

Note.—Agriculture — Ag. figures, although marked separately are included in the business figures.

Following evidence, based on the number of complaints received and the increased percentage of "takes" at the autumn 1961 sewer treatment, that the rat population of the city was beginning to increase again, a third rodent operative was appointed in February, 1962. This was still one less operative than the former establishment.

As a result the situation, judged by the number of complaints received and infestations found, and by the "takes" on sewer treatments, was soon well in hand, so much so that in August the rodent control section were able to take over all other pest control, disinfection, etc., formerly undertaken by Mr. Chislett.

The new set-up was soon put to the test, as they had to deal with a formidable invasion of earwigs on certain premises. With the expert advice of the district public health inspectors, they achieved a considerable measure of success.

Later they dealt with a serious nuisance from pigeons. While the pleasure these birds give many people is recognised, they multiply at such a rate in roof spaces and disused buildings, which become indescribably filthy, and so befoul the neighbourhood causing appreciable damage, that they must be kept in check. In one case dealt with, the first intimation that pigeons had invaded the roof space was when mites began dropping from the ceiling on to office workers below.

Mr. R. Hanham and his operatives have welcomed the widened scope of their work as a challenge and shown commendable initiative.

Maintenance Treatment of Sewers:

Two treatments were carried out during 1962, one in April and the other in November, with the following results.

			<i>No. of manholes treated</i>	<i>Inspection</i>	<i>No. of "Takes"</i>	<i>No. of "No Takes"</i>
April	...	...	275	1st	26	249
				2nd	2	74
				3rd	—	13
November	...	...	274	1st	5	269
				2nd	1	17
				3rd	—	5

Percentage "Takes" on First Re-inspections:

			<i>Spring</i>	<i>Autumn</i>
1957	...	...	65	17
1958	...	...	17	5
1959	...	...	14	16
1960	...	...	6	15
1961	...	...	—	25
1962	...	...	9	2

This indicates that the situation is again well in hand.

Other Pests:

The number of infestations by pests, other than rodents, dealt with totalled 262.

Ants	...	...	...	...	31
Bees	...	...	...	...	3
Beetles	...	...	...	...	20
Birds	...	...	...	...	2
Bird parasites	...	...	...	...	1
Bugs	...	...	...	...	7
Cockroaches	...	...	...	...	36
Crickets	...	...	...	...	2
Earwigs	...	...	...	...	9
Fleas	...	...	...	...	14
Flies	...	...	...	...	18
Grubs	...	...	...	...	1
Insects	...	...	...	...	5
Lice	...	...	...	...	4
Mites	...	...	...	...	3
Spiders	...	...	...	...	1
Wasps	...	...	...	...	103
Woodlice	...	...	...	...	1
Woodworm	...	...	...	...	1
					<hr/>
					262
					<hr/>

The toilets and sumps at the Tattoo Ground were sprayed for insect prevention on 4 occasions.

In December, 1962, the Sanitary and General Purposes Sub-Committee, after reviewing the practice of other authorities, decided to make a standard charge of five shillings for each wasp nest destroyed by the Department.

SECTION VII PUBLIC CONVENIENCES

The year began badly with a fair amount of frost damage to plumbing, which was dealt with by the Corporate Property Plumber for the Year, Mr. W. A. Jorden, in the absence on sick leave of Mr. Lord. He later carried out various repairs, including making good extensive damage by children to the roofs of the conveniences at Monksdale, Mount Road and Combe Down, and replaced the urinal at Claude Avenue, installing washing facilities. Rinse bowls were also installed for free use at Terrace Walk conveniences.

During this period Mr. Porch, Head Caretaker of the Public Health Department, was most helpful in the supervision of the maintenance of the conveniences.

In July, 1962, the Sanitary and General Purposes Committee considered my report on the 32 existing public conveniences, with proposals for new sites and the replacement of obsolete buildings, and visited the majority of the premises. The need for a convenience at Fairfield Park and for the replacement of those at the Sawclose was particularly stressed and the Planning Committee asked to find suitable sites.

Damage, etc.:

Doors, locks, pans, seats, etc., stolen or damaged	...	27
Water pipes damaged or burst	...	23
Flushing cisterns repaired	...	37
Drains choked	...	2
Miscellaneous repairs	...	85
		<hr/>

Water Consumption:

Total quantity used: 1961—4,432,000 gallons.
1962—3,588,00 gallons.

Baths, Washes and use of Cloakrooms (Terrace Walk):

		<i>Men</i>		<i>Women</i>	
		1961	1962	1961	1962
Baths	...	6,360	5,962	2,210	2,729
Washes	...	11,752	10,963	6,177	3,766
Cloakrooms	...	1,074	1,194	1,012	979

SECTION VIII NOTICES SERVED, ETC.

Section I—Housing:

							<i>Total:</i>
Housing Act, 1957—Section	9	(Repairs)...	...	...	...	...	—
	Section 16	(Demolition or Closure)	...	...	...	...	83
	Section 18	(Closure of part of building)	...	...	...	...	3 ²
	Section 28	(Substitution of Demolition Orders for Closing Order)	...	...	...	...	6
	Section 170	(Ownership, etc.)	...	...	...	...	35
Rent Act, 1957	...	...	...	...	...	...	—

Section II—Sanitation:

				<i>Informal</i>	<i>Formal</i>
Public Health Act, 1936, Section	93	(Nuisanees, etc.)	...	135	6
	Section 26	...	...	—	1
	Section 39	...	...	17	3
	Section 44	...	...	—	—
	Section 45	...	...	10	—
	Section 75	...	...	—	—
	Section 277	...	...	—	2
	Section 287	...	...	—	1
Bath Corporation Act, 1925,	Section 147	...	...	—	1

PROSECUTIONS, 1962

- Food and Drugs Act, 1955.
Sale of a fish cake containing a piece of tobacco. Fine £25.
- Food and Drugs Act, 1955.
Sale of a mouldy steak and kidney pie unfit for human consumption. Fine £20.
- Food and Drugs Act, 1955.
Sale of a mouldy apple pie unfit for human consumption and exposure for sale of mouldy apple pies unfit for human consumption. Fine £30 for selling a pie and £20 each for exposing for sale two pies similarly unfit.
- Food Hygiene (General) Regulations, 1960.
Summoned on 15 counts concerning contraventions of Regulations 6, 8, 16, 17, 23 and 24. Total fines £50.

NEW LEGISLATION

The Emulsifiers and Stabilisers in Food Regulations, 1962, regulates the sale, advertisement for sale and use of such substances.

The Preservatives in Food Regulations, 1962, and

The Milk and Dairies (Preservatives) Regulations, 1962, regulate the use of permitted preservatives.

The Food and Drugs (Legal Proceedings) Regulations, 1962, and

The Milk and Dairies (Legal Proceedings) Regulations, 1962, apply the procedure under the Food and Drugs Act, 1955, for dealing with contraventions due to some person other than the person charged, to various Regulations.

The Housing (Prescribed Forms) (Amendment) Regulations, 1962, revises a number of forms used under the Housing Acts.

The Housing (Management of Houses in Multiple Occupation) Regulations, 1962, provide a code of management which local authorities may apply to houses in multiple occupation if in an unsatisfactory condition.

PUBLIC RELATIONS

It is essential that justice should not only be done, but should be manifest. This principle applies to the increasingly technical work of the public health inspector. It is important that the public shall know not only what we are doing, but why, so that we can secure their co-operation. We therefore gladly accept any opportunity to explain our work.

We have been particularly happy to do this for students of the Domestic Science Training College, knowing that they will be able to pass on what we tell them to the rising generation for years to come in places far and wide.

I am indebted to the Bath and Wilts Evening Chronicle for publishing articles by me on "Good Food and Bad", "Bath joins in Survey of Air Pollution" and "Better Homes for Bath".

During the year also, two public health inspectors from overseas, Mr. Petrolakis from Greece and Mr. G. Miller-Cranko from Southern Rhodesia each spent a few days with the department learning something of our problems.